
AKHAND JYOTI SUPPORT PROPOSAL TO GIVING CIRCLE FOUNDATION

Fully support the cost of 5 paediatric surgeries at the cost of \$242 USD per surgery, thereby enabling primary eye care treatment, and sight-restoring surgeries of indigent blind children in rural Bihar, India.

5 Children will see again!



AKHAND JYOTI EYE HOSPITAL
Unit of YUGRISHI SHRIRAM SHARMA ACHARYA CHARITABLE TRUST
Principal Project Office & Communication Address
Village & Post : Mastichak, Via Pojhi Parsa, Saran, Bihar - 841219, India.

EXECUTIVE SUMMARY

Introduction

The Yugrishi Shriram Sharma Acharya Charitable Trust (YSSACT), a secular, professionally managed non-profit organisation,¹ was formed in 2004 and started the **Akhand Jyoti Eye Hospital® (Akhand Jyoti)**². **Akhand Jyoti®** is a non-profit³ unit of the YSSACT. Akhand Jyoti started treating people blinded by cataracts in December 2005, principally in one of the poorest Indian state, Bihar. Doing over 70,000 surgeries annually, Akhand Jyoti is now the largest eye hospital in Eastern India and one of the top five eye hospitals in India.

Our **Vision** is to help **eliminate curable blindness** by providing **in low-income states of India** affordable, accessible, sustainable, quality curative and preventive *eye care services*, and **empower women to achieve this**. In the shorter term, our **Mission is to spearhead in Bihar the elimination of curable blindness by 2026**.

Akhand Jyoti's main operations are headquartered in a remote Indian village (Mastichak) with a 350-bed hospital, and 3 secondary surgical centres (40-bed hospitals) in Patna, Ballia (UP), Purnea and 8 Vision Centres at Siwan, Piro, Gopalganj, Dumraon, Mahua, Dhaka, Kochas, and Areraj. Akhand Jyoti provides - principally to the poor - accessible, high quality, high volume, sustainable eye care services. With its extensive Outreach program, Akhand Jyoti centres enable it to achieve good coverage of the North and South-West regions of Bihar and Eastern Uttar Pradesh. On average, Akhand Jyoti devotes 80% of its eye surgeries i.e. 56,000 to treating people (mostly who cannot afford the cost of treatment and) who are blind. The overall capacity to help the blind is insufficient, and significant parts of Bihar are left woefully (and desperately) short of an effective and accessible eye care service. Rural parts of Bihar – where most of the population live and who are typically at the low-end of the socio-economic scale – are especially under-served.

Akhand Jyoti has the only comprehensive Paediatric Eye care unit in the entire region of Bihar & Jharkhand. This paediatric unit is built to spearhead refractive error screening, correction and providing paediatric sight-restoring surgeries in the region.

Akhand Jyoti understands that the only way to eliminate curable blindness in Bihar by 2026 shall be by extending its presence over all the 38 districts of Bihar from its current coverage of 14 districts.

¹ Registration No 4981/2004 (under the Indian Registration Act 1908) and is also registered under the FCRA Act, 2011 and Sec 12A & 80G of the Indian Income Tax Act 1961

² www.akhandjyoti.org. The main hospital unit at Mastichak (Bihar) is certified under ISO 9001:2015

³ Eye care health services (with the FOOTBALL TO EYEBALL program for girls being an integral component) is the only project run by the YSSACT and Akhand Jyoti Eye Hospital and Akhand Jyoti are its brands which are registered under both Trademark and Copyright Acts in India.

This proposal seeks financial support from GIVING CIRCLE FOUNDATION to assist Akhand Jyoti to fully fund the financial cost of the support heads mentioned in the table hereinunder: -

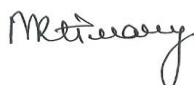
SUPPORT HEAD	UNIT (No.)	Unit Cost (USD)	TOTAL AMOUNT (USD)
Full Cost of paediatric surgery	5	242	1,210
TOTAL			1,210

Note: The cost break-up of the above support items has been detailed in **APPENDIX E**.

Conclusion and next steps

The attached Appendices provide further details of the problem of blindness, Akhand Jyoti activities and its impact on curing blindness in Bihar, and its planned initiatives.

During this project, we will work very closely with your team throughout - for example regular progress reporting to, and on-site visits by your team. If in the meantime you need any more information, then please do not hesitate to contact me. Also, we would be very pleased to host a visit by your team, to our flagship hospital in Mastichak, which would provide a first-hand view of our activities.



Mritunjay Tiwary

Project Head – Akhand Jyoti Eye Hospitals

Tel: +91 9934752812

Email: mritunjay@akhandjyoti.com

LIST OF APPENDICES

APPENDIX	PROVIDES	PAGES
A	The problem of blindness	4 - 5
B	Background and development related data – Bihar	6 - 7
C	Overview of Akhand Jyoti	8 - 9
D	Project Implementation and reporting	10
E	List of identified children for surgery	11
F	Cost break-up of paediatric surgery	12

APPENDIX A

THE PROBLEM OF BLINDNESS

Around 15 million people in India are blind as per the World Health Organisation. India therefore needs large scale eye care services to treat the problem. **83% of this blindness is due to cataract, which is easily curable.** Furthermore, **2.4% of the people in India suffer from severe visual impairment** (comprising of people with cataract in one eye and those who need simple spectacles) which can also be resolved easily.⁴ A World Health Organisation sponsored study estimated that the cumulative impact of blindness and visual impairment on India would be \$162 billion between 2010 to 2020. This impact is heavy on areas that show poor social, economic, education and health indicators; as poverty results in higher levels of blindness and further aggravates existing poverty. Studies have also shown that the Human Development Index and visual impairment are closely co-related. The economic loss of productivity due to visual disability has been shown to be significant, directly suggestive of the economic impact of visual disability.

Problem of Childhood Blindness

The most affected people live in the poorest 200 districts of India which are predominantly in the low-income states of India. **Bihar**⁵ is one of India's poorest and most marginalized states and consequently lags in all aspects of human wellbeing. The total number of people blind due to cataract is around 735,000 (with an additional 100,000 becoming blind each year).

Every five seconds one person in the world goes blind. One child goes blind every minute. Childhood blindness is increasingly becoming a major challenge worldwide. The hopelessness associated with blindness especially in children not only affects the child, it affects the whole family also. Most vision conditions in children will stay the same through their life. However, an early detection of a paediatric cataract and a timely surgery can help children see for life.

Since there is no epidemiological data on childhood blindness in the state of Bihar it has been a challenge to gauge the magnitude of the problem and plan for eye care services targeted at children. Applying the national childhood blindness rate, it is estimated that at any given point of time, there will be at least 37,000 blind children in Bihar, which increases each year by at

⁴ WHO estimates that:

(i) an average of 0.63% of the Indian population suffers from **blindness**. WHO defines **Blindness** as a person having visual sharpness of less than 3/60, or a corresponding visual field loss to less than 10 degrees in the better eye, even with the best possible spectacle correction.

In other words, a person is regarded as "**blind**" if s/he is unable to count fingers from **three** meters

(ii) an average of 2.4% of the Indian population is "severely visually impaired".

⁵ Data (for Bihar) pertaining to development, including health, is mentioned in **Appendix B**

least 10%, due to the lack of availability of services. Considering the poverty and availability of services the number could be much more than the estimates.

In addition to the sheer volume, poor infrastructure, illiteracy and poverty, a lack of trained personnel and inconsistent clinical standards add to the challenges of curing blindness in Bihar.

The need for sight-restoring surgeries of children in rural Bihar.

- Good vision is the key for children to succeed in schools. A child's eyes are constantly in use in classroom and at play. When his or her vision is not functioning properly, education and participation in sports can suffer.
- A person becoming blind at a young age would suffer many more years of blindness than a person becoming blind due to cataract in old age and would place a greater socio-economic burden on the society.
- Children suffering from blindness are taken out of school and they get confined within the four walls.
- Undetected and untreated vision problems can elicit some of the very signs and symptoms commonly attributed to ADHD, causing many children to be mislabelled as having ADHD, when, in fact, they have an undetected vision problem.
- A simple sight-restoring surgery provides vision back to the child and helps the child to move back into the mainstream of life, join school, play with friends, and the overall development of the child.

Childhood blindness are as important and perhaps more devastating and disabling than adult onset blindness, because of the long span of life and their permanent effects on the developing eyes.

APPENDIX B

BACKGROUND AND DEVELOPMENT RELATED DATA - BIHAR

The targeted geography of Akhand Jyoti includes the entire state of Bihar (population – 104 million) and three districts of eastern Uttar Pradesh (adjoining Bihar) – Ballia, Gazipur & Mau (population – 9 million).

The target population will be adults and children who are either blind or severely visually impaired. The number of such adults and children are estimated to be 3.5 million (735,000 blind and rest visually impaired), which will form our target segment. Almost all of these people belong to families who are marginal farmers or agricultural labourers. Relevant data related to the geography is mentioned hereinunder: -

- i. Bihar is one of the largest states in India (94,163 sq km) and at 1102 people per Sq Km, has the highest density of population amongst the major states. The 38 districts of Bihar are divided into nine divisions, 534 blocks and 8463 panchayats.
- ii. Bihar is one of the strongest agricultural states. The percentage of the population employed in agricultural production in Bihar is around 80 per cent, which is much higher than the national average. It is the largest producer of vegetables and the second largest producer of fruits in India. However, productivity is limited due to small farm holdings, with marginal farmers and agricultural labourers constituting the majority of the workforce.
- iii. Bihar is the poorest amongst the major states in India and lags behind in all aspects of poverty, health, education and human well-being. With a per capita income of Rs 25,000 (as a net domestic product), it resembles economies like Rwanda and Burkina Faso in Africa. 14 million families live below the poverty line meaning that almost 70% of the population is still classified as poor. The dismal position of the the state is evidenced by a rank of 21 (out of 23) in the Human Development Index (HDI) rank and a rank 15 (out of 17) on the Global Hunger Index (GHI) rank. It has the lowest per capita PPP (Purchasing Power Parity) income, 81% population is poor as per MPI (Multi-dimensional Poverty Index) and bemoans the lowest HDI (Human Development Index).
- iv. Bihar has a literacy rate of 63% with women being marginalized (female literacy rate of 53%), it has 37.3% fewer teachers than it needs in elementary school (grades I to VIII), and is short of 278,602 teachers. The spend per elementary school student is the lowest in the country while 62% of primary students do not complete secondary education.
- v. Bihar has a total of 36 functional district hospitals and seven medical colleges. With 2078 PHCs, there is a 33% shortage, while Bihar ranks at the bottom in the Health Infrastructure Index signifying it's poor performance in both quantity and quality of health

infrastructure. The Infant Mortality Rate (IMR) is dismal at 48%, 63% children are anaemic while the Cataract Surgical Coverage Rate is below 50% indicating that half the population with cataract do not have access to surgery.

- vi. Fully functional departments including health and education are headquartered in the capital city in Bihar. A total of 21 universities are present in the state.
- vii. Like the private investment, public investment in agriculture in Bihar has remained inadequate. Per hectare, capital expenditure in agriculture in Bihar is less than one-fourth of that of Punjab and less than half the national average, while only 50% of agricultural land is irrigated in Bihar. Low public and private investment, poor physical and institutional infrastructure, unequal land distribution, poor agrarian social structure including persistence of feudal elements not only hindered the growth of productivity in agriculture but also reinforced social inequality that creates structural barriers to the overall development of the society and economy.
- viii. Several national and international agencies work in the state in various field. The international agencies primarily work through the state government. Several agencies work in eye care namely Savitri Waney Charitable Trust, Orbis International, CBM, Sightsavers.
- ix. The rural areas of 33 underserved districts in Bihar will be primarily targeted due to a higher incidence of health issues including blindness and visual impairment.
- x. There are several community organisations in the state while four other major community eye hospitals exist apart from Akhand Jyoti.
- xi. Although hundreds of government programmes are in place, poor implementation has rendered them ineffective. This is clearly borne out indicators relating to poverty, health, education and other aspects of human well-being. Progress has been made over the last decade, but the overall results do not show up. Bihar has the highest dependence on private health-care services among Indian states, the lowest government spending on health and an estimated 22 lakh households face "catastrophic" health expenditure. This statistic is a glaring testament to ineffective government schemes.

APPENDIX C

OVERVIEW OF AKHAND JYOTI

Akhand Jyoti Eye Hospital (AKHAND JYOTI) is a not-for-profit organisation, formed in November 2004. Akhand Jyoti is principally situated in the Indian state of Bihar is the most trusted eye hospital in Bihar. Doing over 70,000 surgeries annually it is the largest eye hospital in Eastern India and one of the top five eye hospitals in India. Akhand Jyoti started treating people blinded by cataracts in December 2005.

Our Vision is to help *eliminate curable blindness* by providing *in low-income states of India* affordable, accessible, sustainable, quality curative and preventive *eye care services*, and *empower women to achieve this*.

Our Mission is to spearhead in *Bihar* the elimination of curable blindness by 2026 existing pre-2017. Up to 2026, we plan to *increase our surgery capacity and provision of free surgeries*. We plan to concurrently *build up an internationally recognized center of excellence* in curative eye care treatment – uniquely based in a rural village – which is accessible and affordable; and to lay the foundations to *make Akhand Jyoti economically sustainable to reduce reliance on donations post 2026* in meeting our Vision.

Throughout, we will be relentless and *empower women*⁶ (through for example our “**Football to Eyeball**” program) to achieve our objectives and to *make a broader societal impact* by training girls from rural areas. A girl child in rural Bihar faces significant gender-based inequality, social discrimination and economic exploitation. 75% of girls in rural Bihar are married before the age of 18 (most by age of 16). Half of these girls become pregnant before the age of 18 while 70% of them are anaemic, and more than two-thirds remain illiterate. A girl child is one of the most marginalized sections in such a situation.

We are steadfast and relentless in our resolve to meeting our objectives through our **core values**: **compassion, respect, teamwork and commitment** in everything we do.

⁶ Data (for Bihar) pertaining specifically to development and empowerment of women is mentioned at **Sl. xvii to xx in Appendix B**.

Our Longstanding Partners



For details regarding us and our programs please refer to the following links:

About Us: <https://www.akhandjyoti.org/about-us>

Blindness Program: <https://www.akhandjyoti.org/why-blindness>

Football to Eyeball Program: <https://www.akhandjyoti.org/football-to-eyeball>

APPENDIX D

PROJECT IMPLEMENTATION AND REPORTING

Children under school age and especially those suffering from blindness, are usually hidden in their homes and will not be in school. Akhand Jyoti has trained several health volunteers in villages, who survey the villages in advance and identified children are referred to the nearby camp. After the screening, if they need surgery, they are sent to the hospital by the hospital/locally arranged bus. After a successful surgery and two-night stay, children are sent back to their villages by the same bus. The surgery involves provision of general anaesthesia and several quality protocols so that the children get best post-operative vision. At least two post-operative follow up visits are important for children and Akhand Jyoti ensures the same, through counselling and contacting the parents regularly over phone or through villagers.

5 children between the age group of 0-15 from poor families in remote villages of Bihar, will receive life changing cataract surgeries with the support from Giving Circle Foundation. Akhand Jyoti will ensure the best quality of surgeries are as per national and WHO (World Health Organisation) standards. Post the surgery, senior staff from the Programme Team will make regular monitoring visits to the places of operated children and will ensure a better life for these children.

Once we receive the donation, the Programme team will initiate the treatment process of the identified children, bring them to the hospital for surgeries and post the surgery, Akhand Jyoti will share a detailed Fund Utilisation Report with Giving Circle Foundation. Akhand Jyoti's staffs will make monitoring visits to the children's places after the surgeries and after 2-3 months, stories of these children, about their well-being and how the surgery would make a difference in their lives would be shared with Giving Circle Foundation along with photos.

APPENDIX E

LIST OF IDENTIFIED CHILDREN FOR SURGERY

Name of the patient	Age	Gender	District	State	Type of Blindness/ Visual Impairment*
Shreyansh Kumar	1 year 1 month	Male	Gopalganj	Bihar	Bilateral congenital cataract
Lila Kumari	13 years	Female	Vaishali	Bihar	Bilateral Cataracts
Ashutosh Kumar	9 months	Male	Siwan	Bihar	Unilateral congenital cataract
Krishna Jee	7 months	Male	Ballia	Uttar Pradesh	Bilateral congenital cataract
Mumtaj Ansari	6 months	Female	Siwan	Bihar	Bilateral cataract

***Types of Blindness/ Visual Impairment:**

1. Bilateral Cataract – This means, blind due to cataracts in both eyes
2. Unilateral Cataract – This means, visual impairment due to cataract in one eye
3. Congenital Cataract – This means, blind since birth due to cataracts

Beneficiary Allocation Notes:

1. The above tentative list shows the paediatric patients identified for surgery in recent future. If there is a delay in receiving funds from Giving Circle Foundation, we would not be able to hold the patients keeping in mind their health conditions. Other beneficiaries would be identified and allocated for support through this proposal.
2. In case an identified patient doesn't turn up for the treatment and surgery, new patient will be identified and allocated for support through this proposal.

APPENDIX F

COST BREAK-UP OF PAEDIATRIC SURGERY

Expense Heads	Cost (INR)
Variable Cost	
Surgery Consumables	3252
Outreach Activities	172
Patient Transport	408
Others	147
Fixed Cost	
Human Resource	4665
Facility Management	1021
Incidental Exp.	279
Administration Exp.	71
General Anaesthesia (GA)	7000
Others	1021
TOTAL COST IN INR (Rs.)	18036
TOTAL COST IN USD (\$)	242

Note: Existing exchange rate considered as 1 USD = Rs. 74.55

Thank you for expressing your interest to support us in our efforts to eliminate curable blindness from low-income geographies.

Akhand Jyoti Eye Hospital
Unit of YUGRISHI SHRIRAM SHARMA ACHARYA CHARITABLE TRUST

- Reg. No- 4981/2004 under the Indian Registration Act, 1908.
- Registered as a Charitable Trust with the Director of Income Tax (Exemptions), Kolkata, and bears Registration No: DIT(E)/8E/318/2004-05/4751/53 under Section 12A (a) of the Income Tax Act,1961.
- PAN NO : AAATY1207B
- 80G NO : DIT(E)/8E/318/04-05/3493-95
- FCRA REG. NO : 147120733

Note: For funds transfer FCRA Bank account details are sent separately with the mail.

If you have any further query, please write to us at:
abhijit@akhandjyoti.com

Thank you!