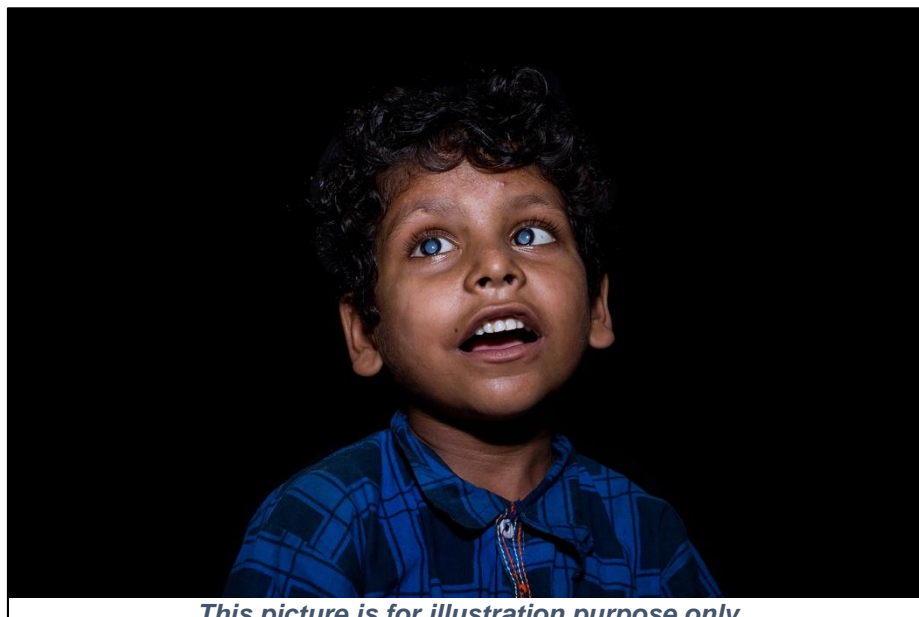


## **AKHAND JYOTI**

Support Proposal for comprehensive pediatric eye care services  
for children and support to three Girl Children for all-inclusive  
education through Akhand Jyoti Eye Hospital



*This picture is for illustration purpose only*

Submitted to

**GIVING CIRCLE**

Submitted by



Akhand Jyoti Eye Hospital, Village & PO- Mastichak, Via Pojhi Parsa, District -Saran,  
State- Bihar, PIN – 841219.

## 1. Executive Summary

The 2019 World Report on Vision, emphasizes access to strong primary eye care to improve efficiency of eye care services. The Indian government's national vision program prioritizes diagnosis and treatment of childhood blindness, however little effort has been expended to ensure children's access to quality eye care. Untreated childhood blindness has critical individual, familial, and social consequences and can have long-term impacts on quality of life. The proposed project targets the key factors contributing to childhood blindness: poverty, lack of awareness, and inadequate access to quality eye care services.

It is estimated that at least 200 000 children in India have severe visual impairment or blindness and approximately 15 000 are in schools for the blind. Although this represents a small percentage of the estimated 5 million blind in India, it is significant in terms of 'blind-years'. Strategies to combat childhood blindness require accurate data on the causes to allocate resources to appropriate preventive and curative services<sup>1</sup>.

Low income states like Bihar is a highly patriarchal society, where **women face considerable hardship and discrimination**, in terms of rights to education and to employment. Female literacy rates<sup>2</sup> are far below males, at 15% Secondary education attainment among adult females in Bihar is among the lowest in the country while at 9% Bihar has the lowest female labor force participation in the country<sup>3</sup>. The state ranks at the bottom of the Gender Related Development Index (GDI) and is at the bottom rungs on the Gender Empowerment Measure (GEM). Dowry and domestic violence rates are amongst the highest in the country; these figures truly do not reflect the true numbers as most cases go unreported. It is well documented that removing gender-based discrimination and improving gender parity will be key to pulling up low income states like Bihar.

Akhand Jyoti has been running a girl education ("**Football to Eyeball**") programme since 2009. The programme works on a hub and spoke model wherein football plays a crucial role as an instrument of change. The programme works on the principle of "Teach football to the girls and draw them out of their homes."

Akhand Jyoti Eye Hospital's base centre – a 200 bedded complete eye hospital and Eastern India's largest eye hospital, works as a hub for this programme. The center encourages the girls and trains them to become professional footballers or an Optometrist or both.

This project will create access to quality primary eye care services for children in Bihar, a state with a poverty incidence of 42.6 per cent, by performing the eye surgery for 200 children. Akhand Jyoti has been working relentlessly across for the last 14 years in the Bihar and Eastern Uttar Pradesh region to reach more people suffering from Blindness. In the next few years, with its commitment to treble the surgical output (from 74,000 to 250,000 each year), it is partnering with organizations that can support its activity on a consistent basis for the next 5-6 years.

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<sup>1</sup> Childhood blindness in India: Causes in 1318 blind school students in nine states- J S Rahi, S Sripathi, C E Gilbert & A Foster

<sup>2</sup> Ministry of Statistics and Program Implementation (MOSPI) Government of India  
[http://mospi.nic.in/sites/default/files/reports\\_and\\_publication/statistical\\_publication/social\\_statistics/WMI17Chapter3.pdf](http://mospi.nic.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/WMI17Chapter3.pdf)

<sup>3</sup> Ministry of Statistics and Program Implementation (MOSPI) Government of India  
[http://www.mospi.gov.in/sites/default/files/reports\\_and\\_publication/statistical\\_publication/social\\_statistics/Chapter4.pdf](http://www.mospi.gov.in/sites/default/files/reports_and_publication/statistical_publication/social_statistics/Chapter4.pdf)

## 2. Proposal Summary

<b>Project Name</b>	Support for comprehensive pediatric eye care services for children and support to a Girl Child for all-inclusive education through Akhand Jyoti Eye Hospital
<b>Project Location</b>	Identified locations in Bihar State
<b>Project Objective (s)</b>	<ul style="list-style-type: none"> <li>To facilitate and perform the 25 Pediatric Cataract eye surgeries to the children of various parts of Bihar State</li> <li>To provide all-inclusive education for 3 underprivileged girls children for six years from rural parts of Bihar State to make them Optometrists</li> </ul>
<b>Beneficiaries</b>	Children and 3 girls from underprivileged families of various districts of Bihar
<b>Project Duration</b>	12 Months after signing the MOU and then continuing till 2027 to continue 3 girls education to make them Optometrists
<b>Funds Requested in 1<sup>st</sup> year after signing the MOU</b>	<b>US\$ 7407.25</b> <b>INR 6,07,394.5</b>
<b>Funds Requested in 2<sup>nd</sup> year</b>	US\$ 3703.5
<b>Funds Requested in 3<sup>rd</sup> year</b>	US\$ 3703.5
<b>Funds Requested in 4<sup>th</sup> year</b>	US\$ 3703.5
<b>Funds Requested in 5<sup>th</sup> year</b>	US\$ 3703.5
<b>Funds Requested in 6<sup>th</sup> year</b>	US\$ 3703.5
<b>Total Funds Requested</b>	<b>US\$ 25,924.75</b> <b>INR 2,125,829.5</b>
<b>Submitted to</b>	GIVING CIRCLE
<b>Submitted by</b>	Akhand Jyoti Eye Hospital
<b>Date of Proposal</b>	13.10.2022
<b>Primary contacts</b>	<b>Mr. Dipankar Das,</b> General Manager- Individual Giving <a href="mailto:dipankar.das@akhandjyoti.org">dipankar.das@akhandjyoti.org</a>

## 3. About Akhand Jyoti

The Yugrishi Shriram Sharma Acharya Charitable Trust (YSSACT), a secular, professionally managed non-profit organisation<sup>4</sup>, was formed in 2004 and started the **Akhand Jyoti Eye Hospital® (Akhand Jyoti)**<sup>5</sup>. **Akhand Jyoti®** is a non-profit<sup>6</sup> unit of the YSSACT. Akhand Jyoti started treating people blinded by cataracts in December 2005, principally in one of the poorest Indian state, Bihar. Akhand Jyoti is now one of the top five eye hospitals in India.

Akhand Jyoti's **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**

<sup>4</sup> 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

<sup>5</sup> [www.akhandjyoti.org](http://www.akhandjyoti.org). The main hospital unit at Mastichak (Bihar) is certified under ISO 9001:2015

<sup>6</sup> Eye care health services (with the FOOTBALL TO EYEBALL programme for girls being an integral component) is the 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.



**women-to achieve this.** In the shorter term, our **Mission** is to spearhead in **Bihar** the elimination of **curable blindness by 2026** and empower and enable underprivileged rural girls to lead the blindness elimination drive.

Akhand Jyoti is the **largest eye hospital in Eastern India**. Its operations are **headquartered** in a remote Indian village of **Mastichak** in Bihar with a **200-bed hospital**, **40-bed hospitals** in **Patna, Dalsinghsarai**, and **Ballia** (Uttar Pradesh), a **60-bed hospital** in **Purnea** and 23 Primary **Vision Centers** in **Siwan, Piro, Gopalganj, Dumraon, Mahua, Dhaka, Kochas, Areraj, Bidupur, Raghunathpur, Paliganj, Begusarai, Bhore, Riga, Guthani, Bhabua, Chennai, Akorhi Gola, Ramnagar, Bettiah, Kursela, Ekma and Bhagwanpur Hat**. Akhand Jyoti provides - principally to the poor - accessible, high quality, high volume, sustainable eye care services, possible through the support of professionally qualified female optometrists nurtured by the organisation.

With its extensive Outreach programme, Akhand Jyoti centers can achieve good coverage of the North and South-West regions of Bihar and Eastern Uttar Pradesh. On average, Akhand Jyoti does over 74,000 sight-restoring surgeries annually, 80% of which is free of cost to the poor. The overall capacity to help the blind, in the state 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. The girls we educate, skill, empower and train forms the human resource pool driving Akhand Jyoti's curable blindness elimination efforts helping us reach out to the poor in these under-served regions.

## Impact of Akhand Jyoti:

**Under Blindness elimination:** In the first year, Akhand Jyoti completed 10,000 cataract surgeries. Since then, Akhand Jyoti has been expanding rapidly and emerged as the largest eye hospital in Eastern India. The table below summarizes the impact of Akhand Jyoti's efforts, over six years up to March 2020. The table above had given a clear picture of the Akhand Jyoti was able to make since its inception.

### Akhand Jyoti Eye Hospital at a Glance till March 2020

Eye Camps organised	16,656
Patients Examined	31,16,124
Surgeries Performed	4,52,017
Free cataract surgeries performed	3,61,613
Spectacles dispensed	2,19,609
People impacted	9,04,034
Number of Hospitals	05
Number of Vision Centers	22
Number of Staff (as of July 2022)	745

## 4. Background and Context

India is home to an estimated 9.3 million visually impaired children. The ophthalmologist to population ratio in urban India is 1:25,000 and 1:250,000 in rural India. Though the number of secondary and tertiary eye care centers and community outreach activities have increased considerably in the last couple of decades, the utilization of services remains low in rural areas due to the lack of organized primary eye care. While childhood blindness has been prioritized by the government, there has been little national effort to address these issues. Visually impaired children require different care than adults, both in terms of diagnosis and treatment. This project seeks to demonstrate the immense improvement to child eye care that can be accomplished on a limited budget.

The Indian state of Bihar has a projected 2020 population of 128.5 million, and accounts for almost 9% of the country's population. The state consistently ranks at the bottom of development indices and has a literacy rate of 70.9%, the third lowest among Indian states (National Statistical Office of India report, 2020). 88.7% of Bihar's population resides in rural areas, with limited access to quality eye care. There is very little data available on eye health in Bihar, particularly for the pediatric population.



AKHAND JYOTI

## GIVING CIRCLE

In the current scenario, eye care fraternity across the world are promoting primary eye care (and the strengthening of these services) to reduce overcrowding at secondary/tertiary facilities and also make services easily accessible for communities. The proposed project is designed as a response to address the challenges caused by pandemic by providing eye screening services to children at their doorstep, and specialized care at local primary care facilities (VCs). This model eliminates unnecessary travel and minimizes the risk of infection to the children (and their caregivers) as they seek eye care.

Bihar is a highly **patriarchal society** where women/girls face considerable hardship and discrimination, in terms of **Right to Education** and **Employment**. Following issues are rampant in Bihar-



- Bihar has only 53.5% literacy ratio, which is lowest in the country
- Bihar also has the lowest female labor force participation (5.1%) in the country.
- The state ranks at the bottom of the Gender Related Development Index (GDI) and is at the bottom rungs on the Gender Empowerment Measure (GEM).
- Dowry and domestic violence rates are amongst the highest in the country; these figures truly do not reflect the true numbers as most cases go unreported.

It is well documented that removing gender-based discrimination and improving gender parity will be key to pulling up low income states like Bihar.

### Rationale for Project:

Early detection and treatment (0-6 years) of child eye health problems can tremendously improve a child's potential during his or her formative years. Because children do not usually complain of defective vision, proactive and regular screenings are imperative. Delayed treatment is not only less effective, it may lead to permanent vision loss. Outcomes remain poor even if appropriate interventions are taken at a later stage.

Blindness in children leads to deep impact on psychological, emotional, and socioeconomic growth to the family. A child with blindness is more likely to have delays in developmental milestones, to be more frequently hospitalized, and die during childhood than a sighted child. Such severe vision loss also adversely affects the educational activities, orientation, and mobility from the early stage of life resulting in lack of employment privilege. These differential characteristics between a sighted and nonsighted child is more obvious in developing countries.

Despite various intervention programs, CHB remains a challenge, as much as for the epidemiologist as for the care provider. There are various difficulties associated with tackling CHB in India like diverse cultural practices and beliefs due to socioeconomic barriers. Besides this, the major challenges faced are due to inequitable distribution of healthcare services, with most of the advanced eye care centers being located in the urban areas, and remote rural villages getting ignored.

Poverty and women empowerment have a near-perfect correlation. We attack Poverty and empower women in a single approach.



- The purpose of this course is to develop human resources, which could be utilised for the implementation of National programme of visual impairment and control of blindness.
- This training will enable the trainee to become a competent person in providing services in ophthalmic techniques to the community in urban, semi urban and rural settings.
- Under this **four years course** students are taught to complete comprehensive screening of patients for eye issues, identify error of refraction and to prescribe glasses.
- They are also taught to examine eyes for other advanced issues such as cataract, glaucoma, and paediatric disorders and refer to treatment to eye surgeons.
- These Girls finally became the trained Optometrists

**Akhand Jyoti** (AJEH) working relentlessly towards eliminating the curable blindness from low income geographies of the nation since 2004. The current project will add to the efforts of meeting AJEH's mission to eliminate curable blindness by 2027.

## 5. Project Details

Following are the project specifications:

**Goal:** Overall goal of the project will be to eliminate the curable blindness from Bihar by 2027

### Objectives:

- To facilitate and perform 25 Pediatric Cataract eye surgeries to the children of various parts of Bihar State
- To provide all-inclusive education for 3 underprivileged girls for six years from rural parts of Bihar State

### Project Implementation:

#### Outreach:

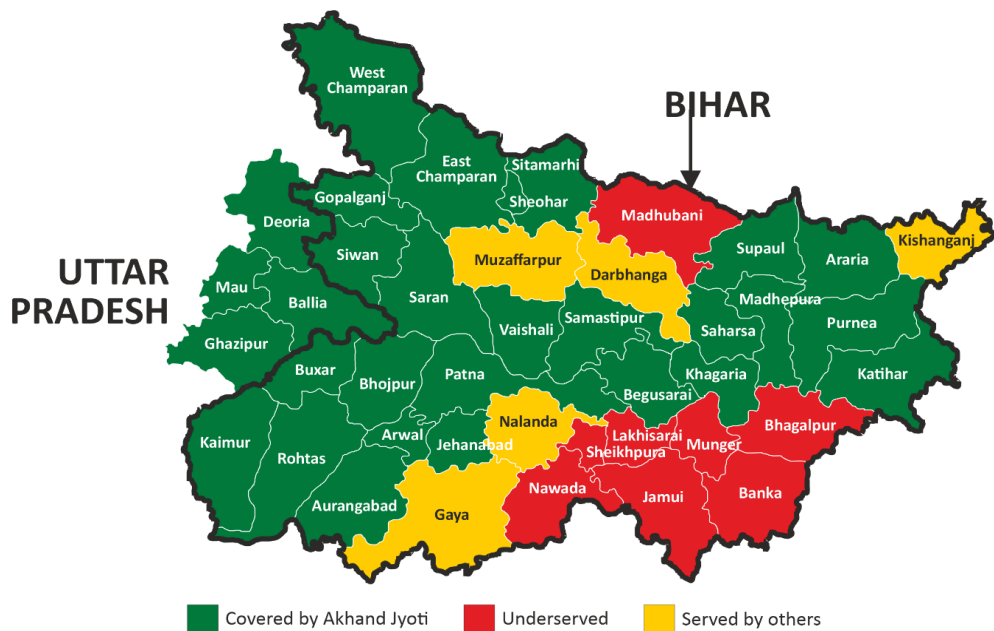
Akhand Jyoti had a very extensive and proven 'Outreach' capability, which ensures that its eye-care services reach the poorest people (who are typically in rural areas) and are as accessible as possible. However, post COVID crisis we have innovated a new outreach system based on a combination of two models.

Currently the outreach team along with qualified optometrists following all possible COVID safe measures makes door-to-door in an identified area to find out poor patients requiring free surgical intervention. Following the door-to-door identification activity a date and time is shared with the identified patients, on which they are collated and brought for surgery to the nearest Akhand Jyoti surgical facility.

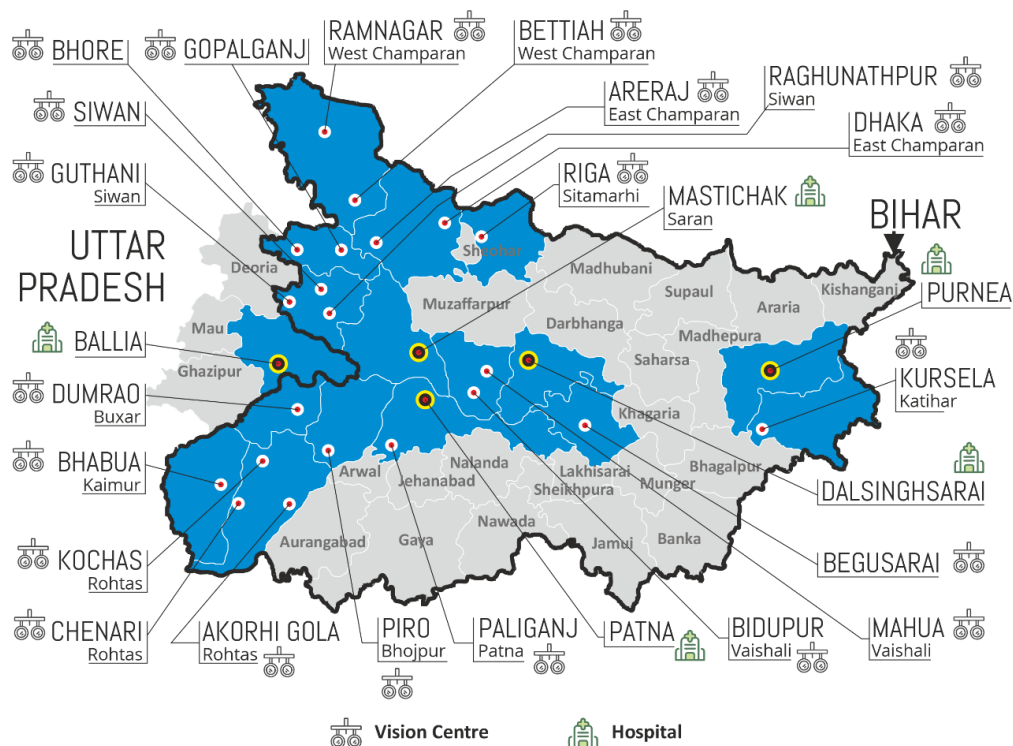
Also, we are continuing to organise outreach camps at fixed locations where there is a great need. The outreach team is maintaining all possible COVID safe measures to conduct these camps. Only pre-counselled patients are being checked at the camps to avoid crowding. All possible social distancing measures are ensured along with our medical personnel wearing full PPE. Patients identified from these camps are then brought to the nearest Akhand Jyoti surgical facility to be operated free of cost.



**Locations:** Following map shows the glimpse of Akhand Jyoti coverage in Bihar & Uttar Pradesh States.



**Locations of existing facilities of Akhand Jyoti:**



## AKHAND JYOTI'S QUALITY POLICY

Akhand Jyoti is committed to achieving its mission and vision by:

1. Endeavoring to exceed the expectations of patients and ensure their delight by providing comprehensive eye care services which will be patient-centred, cost-effective, timely, safe, equitable and accessible.
2. Respecting the sensitivities of our stakeholders, including the community, government, donors and partners.
3. Nurturing a culture of continuous improvement, fostering innovation and sustaining focus on academics and research, thereby achieving excellence in service delivery.

### The Working Model:

Akhand Jyoti's working model is based on a pyramid structure, at the apex of which rests the **Centre of Excellence**. Below this on the 2<sup>nd</sup> level from the top are the **Tertiary Centres**. At the next level – 3<sup>rd</sup> from the top are the **Secondary Centres**. Finally at the base of the pyramid rests the **Primary Vision Centres**.

**Centre of Excellence:** At the top of Akhand Jyoti's working model sits the Centre Of Excellent (COE). When completed it will be the world's such facility in eye care in a rural area – providing an accessible and affordable hub for ophthalmology academics and research apart from providing all sorts of eye care services.

**Tertiary Centre:** A Tertiary Centre is a specialty eye hospital of 300 plus beds. Its aim is to provide accessible, high quality, and sustainable eye care services to the people.

Akhand Jyoti presently has 1 Tertiary Centre, which is its 350-bed base hospital and headquarter at Mastichak village, Saran District, Bihar.

**Secondary Centre:** These are usually a 30-40 bed eye hospital with surgical facility to perform only cataract surgery. Apart from this they also provide all basic eye care services to the people of the region.

Secondary centres of Akhand include the hospitals at Patna, Ballia (Uttar Pradesh), Purnea and Samastipur.

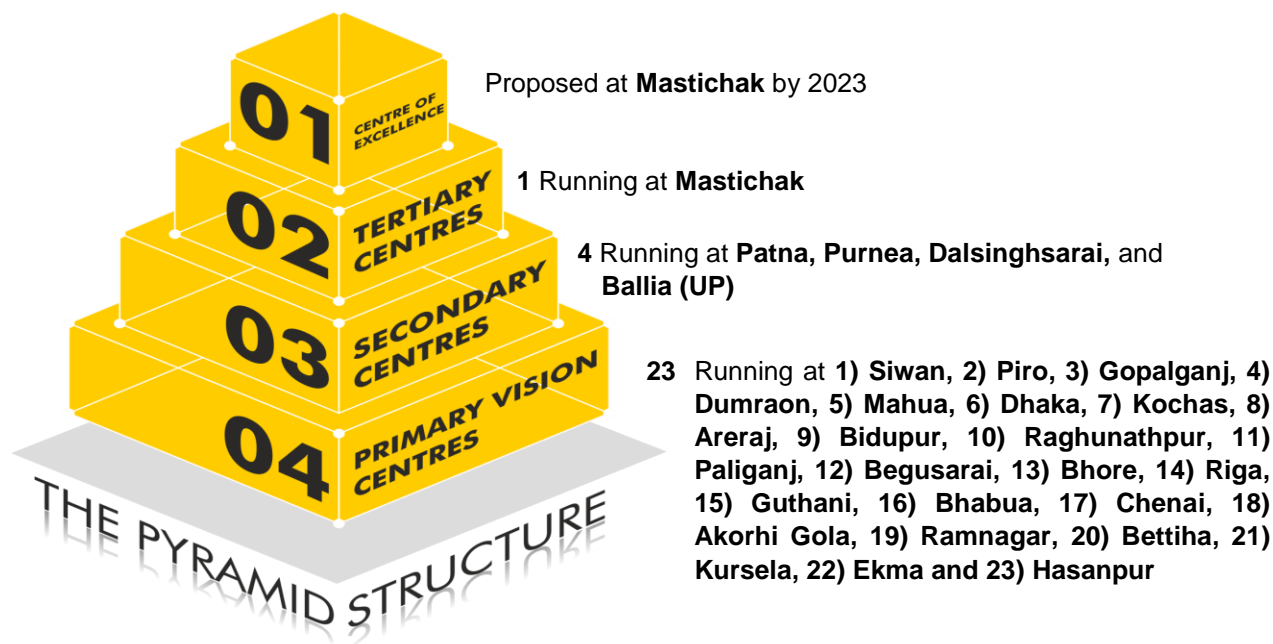
**Primary Vision Centre:** These centres give the most meaning to Akhand Jyoti's philosophy of 'Working where it matters'. Strategically located at the heart of the rural hinterlands, they are closest to the marginalised communities we strive to serve. They are established at places where there is minimal or virtually no presence of affordable and sustainable; quality eye-care services. A vision centre is setup in a region where we have already done over 5,000 surgeries. Each vision centre works in conjugation with the outreach team aligned to the district for patient screening, referral and follow up.

A vision centre provides primary eye screening, spectacles for vision correction, refers patients to our surgical facilities for eye surgeries, and provides post-operative follow-up checkup.

Akhand Jyoti presently has 23 Primary **Vision Centers** in places **Siwan, Piro, Gopalganj, Dumraon, Mahua, Dhaka, Kochas, Areraj, Bidupur, Raghunathpur, Paliganj, Begusarai, Bhore, Riga, Guthani, Bhabua, Chenai, Akorhi Gola, Ramnagar, Bettiah, Kursela, Ekma & Hasanpur**. There are plans to establish 150 of them in the next 5 years by 2027.



The following diagram represents Akhand Jyoti's pyramid Working Model.



## Girls Program:

### Community Mobilisation

To get the girls to the programme the first step is to mobilise the community. For this purpose, in the month of June every year announcements are made in local newspapers, inviting rural underprivileged girls to join the programme. Further the long waiting list of girls who had applied to enrol to the programme in previous years is activated. They are informed over the phone and invited to appear for the entrance examination. Following this in the month of July an internal test is held for the selected girls on the subjects of Basic English, Science and Maths. Based on the results of the test, qualifying girls and their parents are interviewed and subsequently selected in the programme in August.

### Criteria for Selection

The girls are selected to the programme, based on the evaluations of the following criteria:

- Initial test results
- Interview performance
- Family profile
  - Preference is given to girls hailing from extremely low-income, underprivileged families.
  - Girls from families and communities with instances of gender discrimination are also given priority.
  - Girls with a better understanding of long-term commitment are also given priority.

### General education and football

Under this scheme, girls are encouraged to play football. We use football as a medium to show the local society that the traditional stereotypes, which undermine opportunities for (particularly rural) girls can be

overcome for the better. For example, girls playing football breaks the stereotype that football is a boys-only game, that girls should not play outside in fields and should not wear shorts. Also, it builds up the girls' self-confidence, team-work disciplines and, drive, competitiveness and ambitions.

Girls join this education scheme, typically from a relatively poor social and economic family background, at 10 or 11 years of age. **In summary, we provide the girls free boarding; education, vocational training and formal academic qualification as an Optometrist; employment; and finally, an opportunity for a better quality of life.**

### **Change in Course Structure:**

Earlier, at the time of commencement of the program, the 1-year Vision Technician course was allowed for the Optometry professionals. However, according to the revised Govt. policy to mandate that any candidate can only apply for job only for diploma (3 years) and degree (4 years), we shifted the course from 3 years Diploma to 4 years Degree program. The entire tenure for the study of a girl in the system has extended from 5 years to 6 years.

### **Bachelor's in Optometry/ Ophthalmic Techniques**

Akhand Jyoti sponsors girls (who pass an in-house entrance exam and interview post the 2-year foundation course) to study and pursue a Bachelor's in Optometry/ Ophthalmic Techniques course. This course is run by the **ARYABHATTA KNOWLEDGE UNIVERSITY (AKU)** – the one and only HALLMARK of TECHNOLOGICAL EDUCATION all over the state of Bihar, recognised by the prestigious **ALL INDIA COUNCIL FOR TECHNICAL EDUCATION (AICTE)**.

### **Aryabhatta Knowledge University:**

- Aryabhatta Knowledge University (AKU), Patna has been established by Government of Bihar for the development and management of educational infrastructure related to technical, medical, management and allied professional education in the state.
- The objective is to prepare the students to assist the eye specialist in big eye hospitals, Eye health care Units etc. To enable students to get themselves self-employed as an Optometrist. The students are taught by senior Akhand Jyoti qualified Optometrists/ Ophthalmologists (supplemented by self-study using the Akhand Jyoti library).

### **Other Ad-hoc training**

There are full-time dedicated teachers to provide tuition in English and Science subjects to girls up to the 12<sup>th</sup> standard. A full-dedicated English teacher works with the senior girls throughout the course. Apart from that, external professional qualified volunteers regularly visit Akhand Jyoti to provide training to the students, Optometrists and Ophthalmologists. Also, volunteers (for example from the UK) regularly visit Akhand Jyoti to teach English language to students. After the onset of the COVID-19 pandemic, much of the training by visiting volunteers has been converted to online classes.

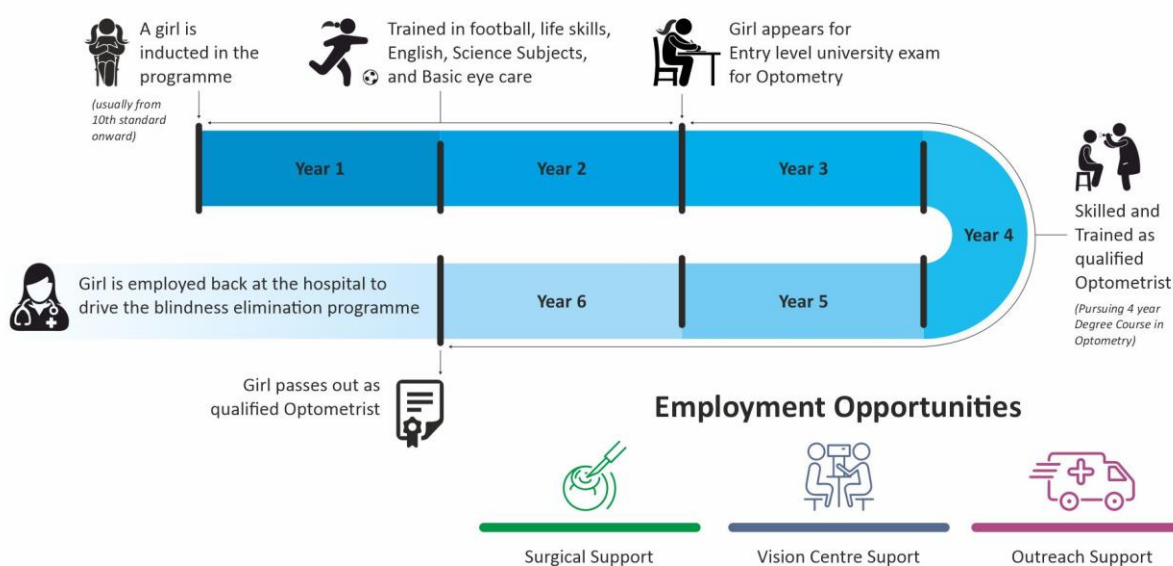
Akhand Jyoti has been conducting its "Football to Eyeball" programme since 2009 and presently there are 320 girls in this programme, out of whom 109 are full time employees of Akhand Jyoti after completing optometry and or other professional courses, 195 are studying Optometry, 10 are pursuing Hospital Management courses, and 6 specially considered girls are studying between standard 7 to 12.

The programme has proven to be successful leading to the education and skilling of rural girls leading to awakened girls with changed mindsets. These girls inspire other girls to join the programme and lead the blindness elimination drive of Akhand Jyoti Eye Hospital.

## Enrolment to the programme

- As a first step in the enrolment process, the parents of the selected girls have to sign a 'Parental Consent' form allowing their daughter to participate in the programme.
- This is followed by submission of relevant documents such as prior school certificates and mark sheets, identification documents (like Aadhaar card, Voter ID Card etc.) of the girl and her parents/guardian.
- Medical fitness certificate of the girl by a doctor is also requested for to ensure her full participation in the programme.
- On being enrolled in the programme the girls have to undergo an initial group counselling sessions, which marks the beginning of the journey in the Girl's Empowerment Programme at Akhand Jyoti.

## Timeline of Girl's Development



## Activities under the Girl's Empowerment Programme

### YEAR 1 and 2

For the first 2 years, the girls aged 15-18 are provided the Foundational Course, which includes:

- Basic accommodation and meals.
- Training in basic football skills – Girls are simultaneously encouraged to play Football. Football is used as a medium to show the local society that the traditional stereotypes, which undermine opportunities for (particularly rural) girls can be overcome for the better. For example, girls playing football breaks the stereotype that football is a boys-only game, that girls should not play outside in fields and should not wear shorts. Also, it builds up the girls' self-confidence, team-work disciplines and, drive, competitiveness and ambitions. The game of football instills a sense of discipline, self-awareness, and self-belief, which develops confidence in the girls.
- Encouragement and support to attend full-time, for education up to Class 12 (i.e. completion of secondary schooling at around age 18).
- Private tuitions by dedicated in-house teachers on school subjects such as English, Science and Maths. Per month, 8 classes of 2 hours each are held separately on each subject. Students in class



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11 and 12 (typically at age 16-18) are provided Biology, Physics, Chemistry, and English language.

- Special English classes by foreign visiting teachers.
- Exposure to basic IT skills through hands on training on working on the HIS (Hospital Information System) software.
- Guidance on social and inter-personal skills (given that many of the girls come from very rural environments and likely to have limited social skills)
- Mentorship, guidance and assessment by senior girls – Initially the girls shadow (for 4 hours a day/ 6 days a week) their seniors and experienced staff and are paid a monthly stipend to enable them to cover their day-to-day miscellaneous expenses to: develop their communication skills to interact with patients; gain practical exposure and experience of directing patient queries; and get a sense of the various eye conditions that patients may have.

### YEAR 3, 4, 5 and 6

- Post the foundation years the girls undergo an entrance exam to get admission in the 4-year comprehensive Bachelor's in Optometry/ Ophthalmic Techniques course.
- The girls go through a rigorous syllabus covering various topics related to Ophthalmic studies and practical training.
- Exposure to patient counseling and patient care – Under the 4-year course, the students are taught complete comprehensive eye screening of patients, identification of errors of refraction, prescribe and dispensing eyeglasses and counseling of patients. They are also taught to examine eyes for other advanced diseases such as cataract, glaucoma, and paediatric disorders and refer to treatment to eye surgeons. This practical exposure is supplemented with formal tuition by the senior qualified optometrists, referring to the prescribed syllabus by AKU. Visiting foreign Doctors and Optometrists also take classes periodically. This equips the girls to provide a desired level eye care.
- Exposure to School Screening Programme – Akhand Jyoti has a unique 'School Screening Programme', under which over 500 rural school kids are screened daily to provide them with primary eye screening, spectacles for vision correction and eye surgeries. The girls are the core personnel who drive and run this programme. This gives them a very good exposure to paediatric eye care.
- Exposure to Community Outreach – The girls drive Akhand Jyoti's outreach programme. We have a very extensive and proven 'Outreach' capability, which ensures that our eye-care services reach the poorest people (who are typically in rural areas) and are as accessible as possible.

**Post their successful completion of the final year of the course they emerge as qualified and skilled Optometrists, steeped with significant exposure to practical patient-care work at the hospital. After completion of the course these girls are then employed back in the hospital to drive its blindness elimination efforts. The girls represent more than 70% of the managerial and clinical staff at Akhand Jyoti.**

## 6. Expected Outputs & Outcomes:

Expected Outputs	Expected Outcome
The cataract eye surgery will be performed on 25 needy, unprivileged children around Bihar state	25 children would be able to live life free of eye illness which can add value to their psychological and social growth.
3 Girls will be enrolled to the Football to Eyeball program	All the 3 Girls will become trained Optometrist to perform independent eye check-up and referral services

## 7. Sustainability Strategies

AJEH's Vision Centres (VCs) address the needs of both adults and children throughout the state of Bihar. This is a very effective mechanisms for generating demand for the Akhand Jyoti Eye Hospital. The extensive outreach intervention reaches out to the door step of the vulnerable population and links them with the nearby VCs and then referred to the secondary center for further treatment. This whole cycle is depends upon the support from various institutions. The 80% of eye surgeries are free of cost to the beneficiaries, therefore reaching out to the more number of generous donors through various channels will be a part and parcel of this program.

## 8. Donor Engagement Opportunities

- Visibility by placing Tata Capital name / logo on designated places of the bus units
- Opportunity to create social impact through CSR partnership
- Volunteering opportunities to the donor employees on mutually agreed activities

## 9. Documentation, Monitoring, Reporting and Evaluation

Akhand Jyoti will be responsible for the implementation of the project. The field staff will conduct regular field visit with the guidance of field in-charges to ensure proper functioning of the project

### Reporting

- An update will be shared every three months.
- The project completion report will carry pictures of completed units, names of all beneficiaries and a fund utilization statement.

## 10. Project Budget

Sl. No.	Support Head	Unit Cost (USD)	Units	Cost in USD	Cost in INR	Remarks & Timeline of disbursement of the funds
				1	82	As of 13th Oct 2022
A	Pediatric Cataract Surgery	148.15	25	3703.75	303707.5	November 2022 (Considering the MOU will be signed in early November 2022)
B	Supporting three Girl Children in 1st year	1234.5	3	3703.5	303687	November 2022 (Considering the MOU will be signed in early November 2022)
<b>A+B</b>	<b>Total project cost after signing the MOU in the first year in November 2022 (Considering the MOU will be signed in early November 2022)</b>			<b>7407.25</b>	<b>607394.5</b>	<b>Disbursement of fund is requested in Nov 2022 (Considering the MOU will be signed in early November 2022)</b>
C	Supporting same three girls in 2nd year	1234.5	3	3703.5	303687	Disbursement of fund for continuing the education for 3 girls to make them optometrists is requested in Oct 2023
D	Supporting same three girls in 3rd year	1234.5	3	3703.5	303687	Disbursement of fund for continuing the education for 3 girls to make them optometrists is requested in Sep 2024
E	Supporting same three girls in 4th year	1234.5	3	3703.5	303687	Disbursement of fund for continuing the education for 3 girls to make them optometrists is requested in Aug 2025
F	Supporting same three girls in 5th year	1234.5	3	3703.5	303687	Disbursement of fund for continuing the education for 3 girls to make them optometrists is requested in Jul 2026
G	Supporting same three girls in 6th year	1234.5	3	3703.5	303687	Disbursement of fund for continuing the education for 3 girls to make them optometrists is requested in Jun 2027
<b>C+D+E+F+G</b>	<b>Project cost for continuing the education of 3 girls to make them optometrists for remaining 5 years from Oct 2023 - Jun 2027</b>			<b>18517.5</b>	<b>1518435</b>	<b>Every after 11 months from Nov 2022 Giving Circle is requested to disburse the funding of US\$ 3703.5 till June 2027 for continuing the education of 3 girls to make them optometrists</b>
<b>A+B+C+D+E+F+G</b>	<b>Grand Total project for 25 Pediatric Cataract eye surgeries to the children and To provide all-inclusive education for 3 underprivileged girls children for six years to make them Optometrists</b>			<b>25924.75</b>	<b>2125829.5</b>	<b>Grand Total</b>

### Note:

- This budget will be valid for the period of 3 months from the date of submission
- A detailed budget break-up can be provided at the time of confirmation of this project
- Any Foreign Exchange gain will be deployed in the cost of surgeries or vice versa
- 1US\$ @ 82 INR

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

If you have any further query, please write to us at:

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