

Right to Sight

Support Proposal for comprehensive pediatric eye care services for
100 underprivileged children through Akhand Jyoti Eye



Hospital

Submitted to

GIVING CIRCLE FOUNDATION

Submitted by



AKHAND JYOTI EYE HOSPITAL

This picture is for illustration purpose only

(Owned & run by Yugrishi Shriram Sharma Acharya Charitable Trust)
Village & PO- Mastichak, Via Pojhi Parsa, District -Saran, State- Bihar, PIN – 841219.
Website: www.akhandjyoti.org



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ORGANIZATION DETAILS

Name of the Organization: Yugrishi Shriram Sharma Acharya Charitable Trust	Type of organization (Trust / Society / Section 8 company / Any Other) : TRUST
Registration Details: 4981/2004 (Indian Registration Act, 1908)	Registration Year : 2004
80G : AAATY1207BF20216 12A: AAATY1207BE20206 Pan: AAATY1207B CSR-1 : CSR00000858 FCRA : 147120733	Website : www.akhandjyoti.org/home
Registered Address: 16C Seal Lane, Kolkata, West Bengal- 700015	Corporate Office Address: C/O Akhand Jyoti Eye Hospital, Village & Post Mastichak, Via Pojhi-Parsa, Dariyapur, Saran Dist. Bihar- 841219
Operational locations: Bihar and Eastern Uttar Pradesh	Core Thematic Area of Work: Women Empowerment, Education and Healthcare

PROJECT SUMMARY	
Project Name	“Right to Sight” - Comprehensive pediatric eye care services for 100 underprivileged children through Akhand Jyoti Eye Hospital
Project Location	This project will be covering various low income geographies of Bihar State
Objectives	<ul style="list-style-type: none"> To facilitate and perform 100 Pediatric eye surgeries to the children of various parts of Bihar State
Beneficiaries	<ul style="list-style-type: none"> The beneficiaries will be the children from the age group of 0-14 whose families are unable to afford quality eye care services
Project Duration	06 Months
Funds Requested	INR 12,00,000/-
Date of Proposal	11.07.2025
Submitted to	Giving Circle Foundation
Primary contacts	Mr. Mayank Sharma Senior Manager- UHNI & Family Foundations mayank.sharma@akhandjyoti.org +91 7042832113



EXECUTIVE SUMMARY

PROJECT UNIQUENESS

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 services¹.

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.

EXPECTED OUTCOMES

Through this project, the expected outcome will be of restoring the 100 eye sights of the vulnerable school going children and lead steps toward eradication of curable blindness from Bihar.

PROJECT SUSTAINABILITY

Akhand Jyoti with its extensive outreach will ensure that the services of the organization reach out to each needy individual and the project sustainability will be ensured through the resource mobilization as well as reaching out to the pool of supporters, well-wishers and donor base of Akhand Jyoti. Further, Akhand Jyoti will rely on its paid wing to cover the cost of the Pediatric surgeries in future.

PROBLEM STATEMENT

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.

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



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.

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.

Childhood blindness can hinder education, personality development and career opportunities, in addition to causing an economic burden on the society. Childhood blindness due to various avoidable and treatable causes in any population suggests that eye care services in that population are inadequate. For all these reasons, it is imperative that effective strategies be developed to eliminate avoidable and treatable causes of childhood blindness. Strategies to address eye health of children during the early years of life have therefore focused on school eye health programs. School eye screening program is the second largest program of the National Program for Control of Blindness in India after cataract surgery.

Eye problem in children further leads to:



Discrimination & Isolation in Child



Loss of equal opportunities in Childhood



Overall deterioration of the family's wellbeing



A next generation is not fully blossomed to its potential

SOLUTION OR 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 non-sighted 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.



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To curb these issues, **Akhand Jyoti** (AJEH) intends to perform, 500 eye surgeries to these vulnerable children in order to meet AJEH's mission to eliminate curable blindness by 2026.

PROJECT DETAILS

Following are the project specifications:

Goal: To create access to quality pediatric eye care services for children in Bihar, India

Objectives:

To facilitate and perform 100 Pediatric eye surgeries to the children of various parts of Bihar State

Project Implementation:

Project Implementation:

Outreach Program:

Akhand Jyoti provides - principally to the poor - accessible, high quality, high volume, and sustainable eye care services. With its **extensive Outreach programme**, 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. 50,000 to treating people (mostly who cannot afford the cost of treatment and) who are blind. 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 lives and who are typically at the low-end of the socio-economic scale – are especially under-served.

School Screening:

Akhand Jyoti has 3 fold school screening program which includes 1. Primary Eye screening, 2. Provision of Spectacles for children with refractive issues and 3. Performing sight restoring surgeries for the children with critical eye issues.



Primary **Eye Screening**



Provide **Spectacles** for Vision Correction



Perform Sight Restoring **Surgeries**

Methodology:

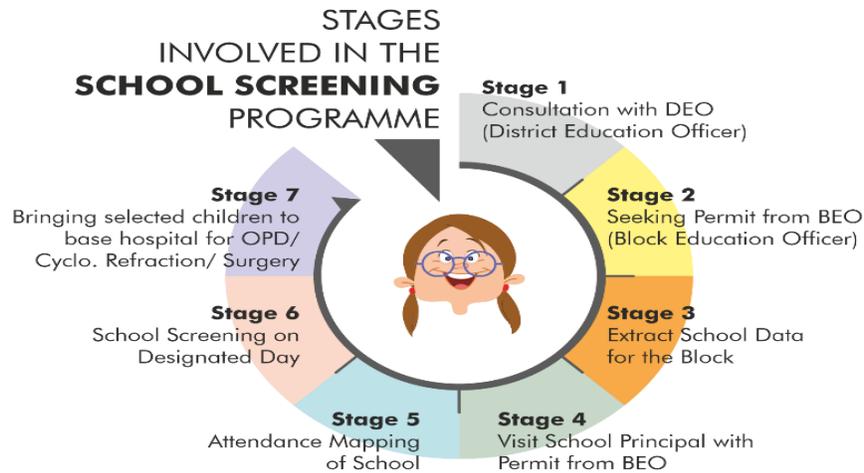
Akhand Jyoti engages 1 Sr. Optometrist, 1 Counselor cum vision technician, and 1 Registration person (Team of 3 and currently having 3 teams functioning).



The school screening team works 6 days in a week and approx. 3 to 5 schools are visited on a daily basis with at least 200 students are screened, with total 3 teams functioning together around 600 to 650 students are screened on a daily basis.

Those students who require the refractive corrections are treated on spot and spectacles are distributed and other students who need to refer to the base hospital at Mastichak are given counselling along with their parents and taken to the hospital for further treatment.

Akhand Jyoti uses **ICOM** – Data Collection Software to capture data in Real-time at the rural schools itself during the school screening process



AKHAND JYOTI'S 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 2nd level from the top are the **Tertiary Centres**. At the next level – 3rd from the top are the **Secondary Centres**. Finally at the base of the pyramid rests the **Primary Vision Centres**.

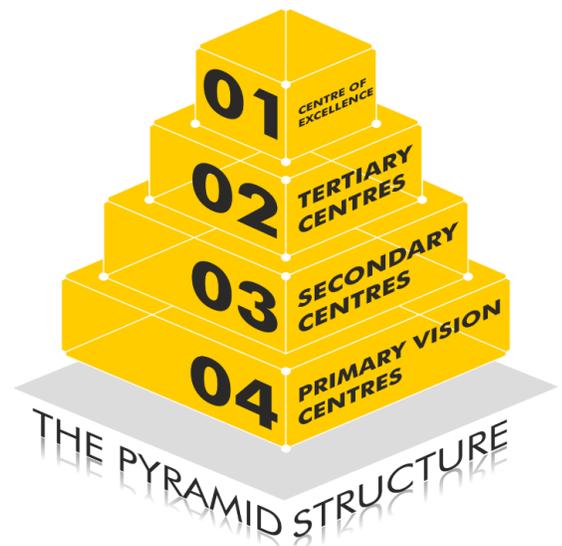
Centre of Excellence: At the top of Akhand Jyoti's working model sits the Centre of Excellence (CoE). It is the probably India's only such facility in eye care in a rural area – providing an accessible and affordable hub for ophthalmology academics and research apart from providing all sorts of eye care 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, Purnia, Samastipur and Ballia (Uttar Pradesh)





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 500 surgeries. Each vision centre works in conjunction with the outreach team aligned to the district for patient screening, referral and follow up.

A vision centre serves patients in two ways. Primarily patients from the outreach camps, who are identified with refractive errors, are referred to the vision centre for vision correction through eyeglasses. Secondly patients who undergo eye surgeries at our Secondary or Tertiary centres are referred to the vision centre for follow up.

AKHAND JYOTI 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.

AKHAND JYOTI'S KEY TO SUCCESS

The binding forces that got us to where we are today, and which we strongly believe will help us succeed in our objectives in future, which include:

1. **Our Mission** – is a very compelling case both for us as well as our supporters. This has, for example, motivated: corporate, charity and trust organisations to give us substantial financial support; doctors (during our early years) to lend their expertise and perform surgeries by extending (e.g. to 2 to 3 am) their normal working hours; and our team to endure very challenging working and living conditions in remote locations.
2. **Our extra-ordinary team** – we have a very loyal and dedicated team, fully committed to achieving our Vision and Mission, which drives their passion and compassion.
3. **Our innovative approach and mantra** – "Adapt, Improvise and Overcome without Compromising Quality". We have, for example, overcome very significant challenges posed by the poor ecosystem and circumstances we had to work in (e.g. lack of suitable premises for treating patients and accommodating Akhand Jyoti staff; no grid-supplied electricity until mid-2013; remote location of, and poor road and rail connection to the main hospital; and high level of illiteracy amongst patients). Our ability to 'think outside the box' and innovate to overcome these challenges has been the key to our success.



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



The Aspirational districts covered under the NITI Ayog’s Aspirational District Program are- Araria, Aurangabad, Begusarai, Katihar, Khagaria, Purnia & Sitamarhi.

EXPECTED OUTPUTS & OUTCOMES:

Expected Outputs	Expected Outcome
Around 100 children will undergo eye surgeries	Eye sight of 100 children will be restored and they will be able to live their lives with normalcy

SUSTAINABILITY STRATEGIES

Sustainability will be ensured through extensive outreach program to identify the beneficiaries and to seek further developmental support from the well-wishers and donors.

DONOR ENGAGEMENT OPPORTUNITIES

- Visibility by placing Donor name / logo on Akhand Jyoti publications, newsletter, website etc.
- Opportunity to create social impact through CSR partnership
- Volunteering opportunities to the donor employees on mutually agreed activities

DOCUMENTATION, MONITORING, REPORTING AND EVALUATION

Documentation:

A detailed beneficiary record sheet will be maintained of all the patients who would be identified under this program

Monitoring

Akhand Jyoti will be responsible for the implementation of the project. The designated team will carry over the day-to-day schedule of the activities. The internal Quality Assurance team will monitor the progress and guide the project team for effective output. The Project head along with other senior officials will supervise the activities as and when needed.

Reporting

- Donor will be shared with an update as per mutually agreed terms
- Post completion of the project, the completion report will be shared along with the pictures of activities and beneficiaries. The report will also consist the success stories and fund utilization statement.

Evaluation: This project will be evaluated internally. An external evaluation also can be conducted by mutually agreed external evaluators.

PROJECT ASSUMPTIONS, RISKS & MITIGATION

The following assumptions will contribute to the success of the project.

- The funds arranged and supported on time to ensure timely execution
- Beneficiaries will be willing to participate in this project by agreeing to the benefits of the surgeries
- Sufficient manpower will be available to cater the huge number of beneficiaries

Project risks	Mitigation actions
Unwillingness of the individual/ student for eye check-up	Assist the individual/ student to cope with or overcome the anxiety and provide him/her the proper guidance on eye check-up
Unwillingness of the individual/ student for eye surgery	Explain the beneficiary about the advantages and treatment he/she is getting in the Akhand Jyoti facility and counsel him/her (parents as well) for the post-surgery benefits, quality of surgery etc.

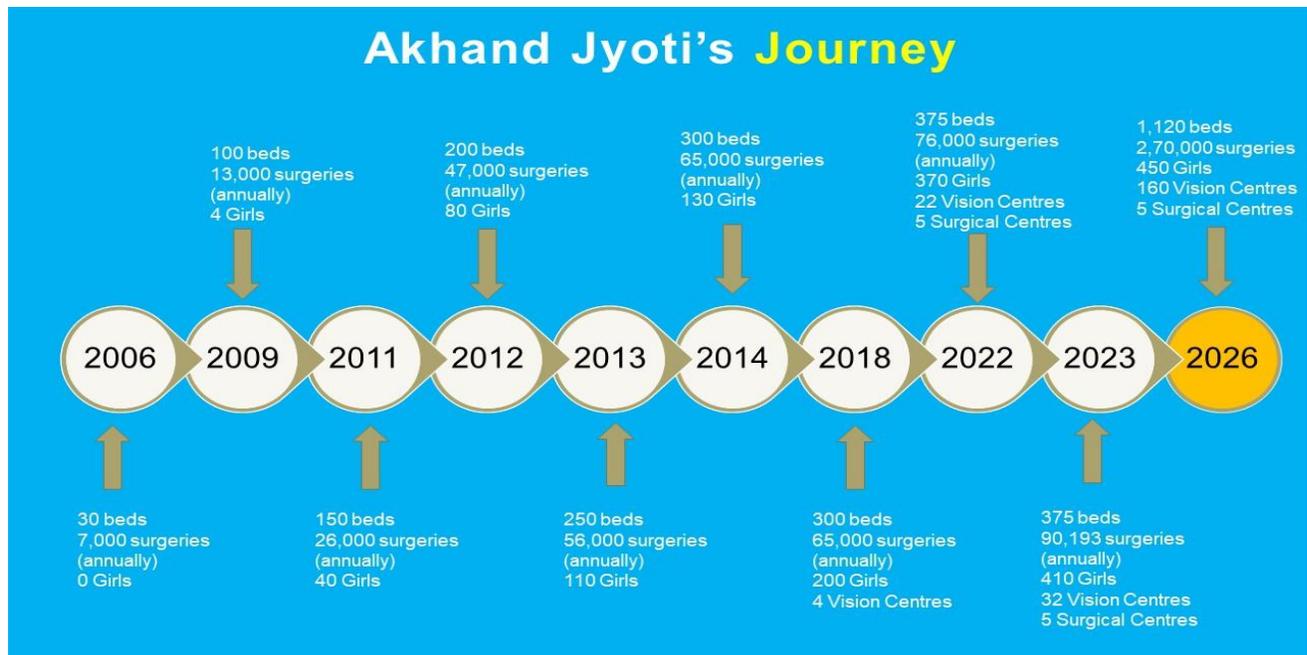


PROJECT BUDGET

Sr.	Details	No of Units	Unit Cost	Total Cost
A	Variable Cost			
i	Cost towards Consumables- includes IOL, Medicines, Surgical Items, cotton, bandage etc. for each patient	1	1703	1,703
ii	Cost towards Patient Transport- includes Bus hiring charges for pick up and drop of patients & relatives as per the scheduled plan	1	2,949	2,949
iii	Cost towards Patient Service- includes Food expenses of patients (and relatives) from admission till discharge, RBS test charge etc.	1	177	177
B	Fixed Cost			
iv	Cost towards Facility Expenses- includes expense for Cleaning & Washing, Electricity, DG Fuel, Repair & Maintenance, OT Surveillance, security etc.	1	671	671
v	Project Implementation Cost- Includes Staff Salaries, Doctors Fee, Salary of Paramedical Staffs & Salary of Support Function Staffs, Canteen Expense for Staffs, Training Expense for Staffs & Doctors etc.	1	5,828	5,828
vi	Incidental expenses includes- Local Conveyance, Urgent Travel, any tests, medicines etc	1	672	672
	Total Project Cost		12,000	12,000
	Total Cost for 100 surgeries & Funds Requested	100	12,000	12,00,000

ABOUT AKHAND JYOTI

The Yugrishi Shriram Sharma Acharya Charitable Trust (YSSACT), a secular, professionally managed non-profit organisation, was formed in 2004 and started the **Akhand Jyoti Eye Hospital® (Akhand Jyoti)**.





Akhand Jyoti® is a non-profit 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 GOVERNANCE AND MANAGEMENT STRUCTURE

Board of Trustees: This Board has the legal responsibility of overseeing YSSACT. The members meet at least thrice a year. The Board comprises of:

S.N.	Name	Position	Proficiency
1	Mr. Atul Kumar (Acting Chair)	Chair	Advocate, Supreme Court of India
2	Mr. Manbodh Tiwary	Trustee	A retired business owner with strong experience of managing project execution
3	Mr. Abhishek Kumar	Trustee	Rich experience of Social development sector, MBA from Amethi University
4	Mr. Snehanand (Ravi) Sinha	Trustee	Management consultant and visiting lecturer
5	Mr. Rajesh Kumar Vishwakarma	Trustee	One of India's premier ENT surgeon
6	Mrs. Sneha Poddar	Trustee	Social worker and guide to the women's empowerment project
7	Mr. Mritunjay Tiwary	Trustee	Executive Trustee & Project Head - Akhand Jyoti Eye Hospital

Advisory Board:

S.N.	Name	Achievements
1	Mr. Ravi Kant Chairperson	Former vice chairman and managing director of TATA Motors
2	Mr. Jayesh Parekh	One of the Founders of Sony Entertainment Television- Worked in IBM for more than a decade
3	Mr. Amish Nathwani	Held senior positions at PricewaterhouseCoopers (PwC), Deutsche Bank and, most recently, the Bank of England.
4	Ms. Mala Sinha	More than 30 years of teaching and research experience in psychology and management & presently Professor of Delhi University
5	Mr. R. Sridhar	Sridhar is an Innovation Facilitator, Consultant & Creativity Coach, who helps his clients benefit from the power of ideas.
6	Mr. Ramesh Jude Thomas	Founder and Chief Knowledge Officer of EQUITOR Value Advisory Pvt. Ltd, the erstwhile Indian Partner for Interbrand
7	Mr. Shashi Sinha	He is a CEO – India of IPG Media brands, manages the second largest Media Agency Group that includes Lodestar UM, Initiative Media, Interactive Avenues, Media brands, BPN, Reprise, Rapport, Cadreon, Orion, Society & Magna Global in India.



VISON & MISSION

OUR VISION is to help eliminate curable blindness and visual impairment by providing affordable and accessible eye health services in low-income regions while empowering women to achieve this.

OUR MISSION is to provide 2 million sight restoring eye surgeries and primary care to 12 million of the poorest sections; and engage and empower 1500 girls from these regions by 2030

SDGS ADDRESSED BY AKHAND JYOTI



A sight-restoring surgery apart from reinstating eyesight restores dignity, independence and income. It enables a person to resume work within a few days of surgery. **As per WHO, Cataract surgery is one of the ten best interventions to reduce poverty.**



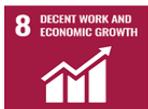
15 million people are blind in India. Bihar is the worst affected state, with 700,000 blind and 4.3 million visually-impaired. Further 100,000 become blind every year. **Eliminating blindness dramatically improves the well-being of the underprivileged people.**



Educating, providing employment opportunities and empowering women leads to development and reducing poverty. **When Akhand Jyoti nurtures a girl and transform her into a professionally qualifed optometrist, we uplift the society**



In low-income geographies women face discrimination from womb to tomb. Selective abortion, child marriage, dowry demands and physical abuse are woven in the mesh of society. **Akhand Jyoti not only educates, trains, and employs underprivileged girls but gives them a voice to become social change agents.**



Low-income states like Bihar have highest incidences of blindness. They suffer from poverty, malnutrition, lack of education opportunities and social isolation. **With sight restoring surgeries Akhand Jyoti help the poor see again and become economically independent.**



Those affected by blindness due to cataract are deprived of basic amenities and facilities. Inequalities persist and large disparities remain in access to health, education and other services and assets. **Each cataract surgery done reduces inequality and helps patients move back to mainstream of life.**



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SUPPORTERS OVER THE YEAR