

Impact Assessment Report 2025-26

A survey conducted for

Vision Foundation of India



A report prepared by

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List of abbreviations

BPL	Below Poverty Line
RE	Refractive error
VFI	Vision Foundation of India
RNY	Rashtriya Netra Yagna
SPSS	Statistical Package for Social Science Research
AH	Associate Hospital
FGD	Focused Group Discussions
ST	Scheduled Tribe
OPD card	Outpatient Department Card

TABLE OF CONTENT

Contents

List of abbreviations	2
Background of the Survey	5
Objectives of the Study	6
Methodology	6
Sampling	6
Key Assessment Areas	6
Data Analysis	7
Evidences and Key Findings	8
VFI Annual Outcomes Overview - 2025-26	9
Key Insights from the Institutional Survey	11
Type of Associate Hospitals	11
Number of Cataract Surgeries Conducted Annually	11
Key Risks in Eye Care Service Delivery	12
Mitigation Strategies to Address Key Risks in Service Delivery (MR)	12
Change in Risk Levels Compared to 2024-25	13
Changes Observed in Eye Care Services (2024-25)	13
Key Reasons for Changes in Eye Care Services (2024-25)	14
Socio-Demographic Profile of Beneficiaries (MR)	14
Local Support Systems for Eye Care Service Delivery (MR)	15
Patient/Stakeholder Feedback Systems	15
Methods Used to Collect Patient Feedback (MR)	16
Maintaining Hygiene and Preparedness in Patient Care Facilities	16
Key Insights from the Patients Survey	17
Gender wise distribution of the patients	17
Age-wise Distribution of Beneficiaries	17
Social Category of Beneficiaries	18
Marital Status of Beneficiaries	18
Main Occupation of Beneficiaries	18
Monthly Income Category of Beneficiaries	19
Distance from Hospital	19
Type of location	20
Mode of Transport Used to Reach the Hospital	20

Transport Availability	20
Transport Cost	21
Type of Eye Health Problems among Beneficiaries (MR)	21
Main Causes of Eye Problems Perceived by Respondents (MR)	22
Difficulties Faced in Accessing Eye Care Before Intervention (MR)	22
Key Enablers in Overcoming Barriers to Eye Care Services	23
Financial Challenges in Accessing Eye Care Services.....	23
Treatment Expenditure	24
Income Loss Due to Treatment	24
Perceived Ease of Access to Eye Care Services	25
Post-Treatment Follow-up: Beneficiary Experience.....	25
Client Satisfaction with Received Services	25
Post-surgical changes experienced by Patients (MR)	26
Improvement in Income-Generating Ability	26
Economic Impact of VFI Intervention.....	27
Change in Awareness after Eye Care Intervention.....	27
Insights from the Patient's Interaction	28
Painful Story of Mr Kanna Navla Sharmaki	28
Ms Hashi's experience of Independence	29
Silent Suffering of Ms. Mumtaj Shaikh	30
Healing Beyond Vision the Story of Sumita Mukkas	30
Eye Sight in a City of Struggle: A Story of Fulabai Chavan	31
Jayendra's Story of Livelihood Regaining	31
Dignity in Old Age: The Story of Nasir Sayyed	32
Implementation of Rashtriya Netra Yagna at the Associate Hospital Level	32
Key Discussion Areas and Findings	33
Data Collection Tools	35
A: Hospital Perspective: Survey of Senior Officers/Trustees.....	35
B: QUESTIONNAIRE – VFI BENEFICIARIES 2025-26	37

Background of the Study

Access to quality eye care services remains a critical public health priority in India, particularly among underserved and economically vulnerable populations. Visual impairment and avoidable blindness significantly affect individuals' quality of life, productivity, and socio-economic well-being. Timely interventions such as cataract surgeries, vision screening, and corrective treatments can substantially improve health outcomes and restore independence.

The Vision Foundation of India has been actively implementing eye care interventions across multiple states through a network of Associate Hospitals. These interventions provide accessible, affordable, and quality eye care services to beneficiaries, particularly those from marginalized communities.

In order to understand the effectiveness and outcomes of these interventions, a Rapid Impact Assessment was conducted for the year 2025–26. The study focuses on capturing beneficiary experiences, changes in quality of life, and overall satisfaction with the services received.

The Vision Foundation of India has been implementing large-scale outreach programmes, including screening camps, cataract surgeries, and awareness initiatives, across 19 states in India. During the financial year 2025–26, a significant number of beneficiaries received eye care services under these interventions.

Considering the need to collect data on the broader impact of these interventions on beneficiaries' lives. This survey includes improvements in vision, enhanced mobility, increased economic participation, and overall well-being. The survey documents beneficiary feedback, identifies challenges faced in accessing services, and captures success stories that highlight the transformative impact of eye care interventions.

Objectives of the Study

The primary objective of the study is:

- To assess the impact of VFI's eye care interventions for the year 2025–26.

The specific objectives include:

- To understand beneficiaries' access to and utilization of eye care services
- To capture beneficiary satisfaction and feedback regarding services
- To identify and understand institutional perspectives on eye care services

Methodology

The study covers multiple states where VFI interventions were implemented and includes both quantitative and qualitative insights. Quantitative data was collected through structured surveys with beneficiaries and Qualitative insights were gathered through case studies

Sampling

A representative sample was designed to capture roughly 2 percent of the total beneficiaries who availed the benefits of eye surgery. A total of 552 patients were surveyed to assess beneficiary-level outcomes, satisfaction and experiences. In addition, an institutional survey was conducted to incorporate the service delivery perspective. For this purpose, 52 Associate Hospital authorities were interviewed to understand institutional policies, practices, challenges, and insights related to eye care service delivery. This combined approach ensured triangulation of findings by integrating both patient-level and institutional-level data.

Key Assessment Areas

The assessment focused on the following key areas:

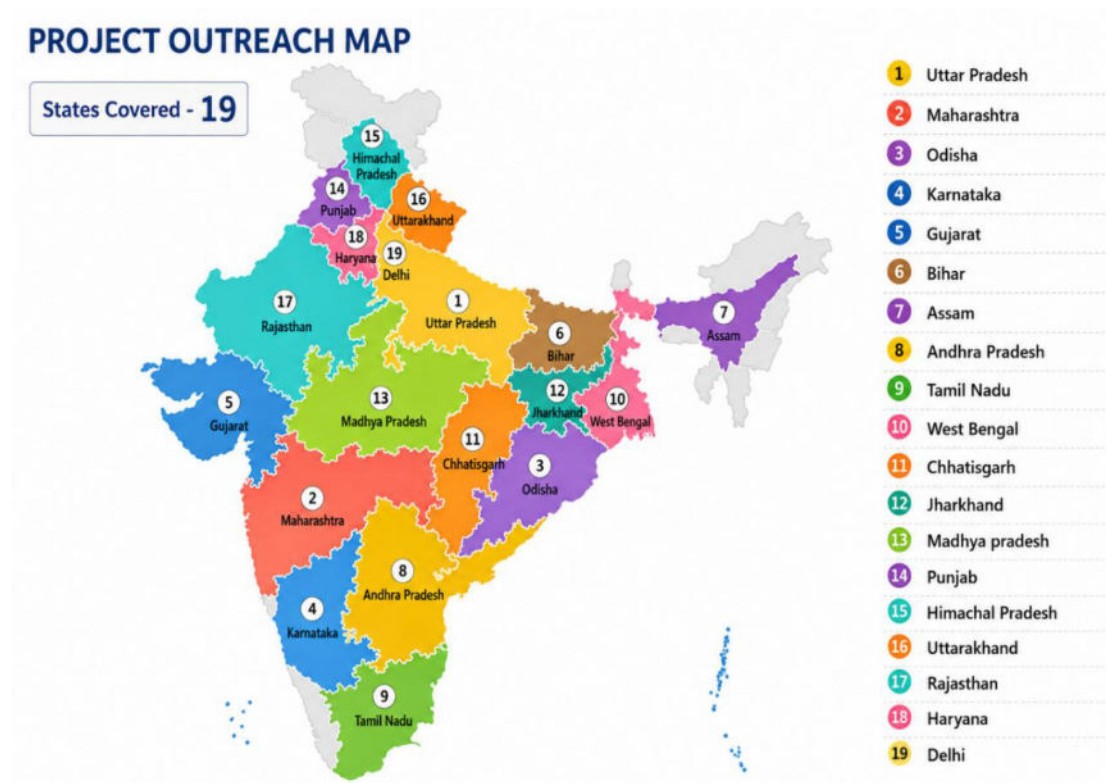
Key Assessment Indicators	
Access and Barriers	Challenges faced by beneficiaries in accessing services
Service Utilization	Awareness, reach, and usage of eye care services
Health Outcomes	Improvement in vision, reduction in discomfort, and overall health status
Economic Outcomes	Changes in work ability, income generation, and productivity
Social Outcomes	Improvements in mobility, independence, and confidence
Beneficiary Satisfaction	Feedback on service quality, hospital experience, and overall satisfaction

Data Analysis

The collected data were systematically compiled, cleaned, and analyzed using Statistical Package for the Social Sciences (SPSS). Quantitative data were analyzed using descriptive statistical techniques, including frequencies and percentages, to summarize key variables.

Qualitative data were analyzed using thematic analysis to identify patterns, key insights, and narratives. Relevant qualitative findings were integrated with quantitative results to provide a comprehensive understanding of the study outcomes.

Evidences and Key Findings



This section presents the key evidence emerging from the study, drawing on both quantitative and qualitative data to highlight major findings. The analysis provides insights into beneficiary experiences, service utilization patterns, and the broader impact of eye care interventions on health, economic, and social outcomes. The findings are organized across key thematic domains to offer a comprehensive understanding of the effectiveness, reach, and challenges of the programme.

The study adopted a multi-level survey approach to capture both institutional perspectives and beneficiary experiences. Data was collected at two levels to ensure a comprehensive understanding of the programme's implementation and impact.

At the first level, a survey was conducted with hospital management representatives. This component aimed to understand the organisational approach towards service delivery, including management practices, sustainability mechanisms, key

operational challenges, and the strategies adopted to address these challenges. The survey provided insights into institutional functioning, decision-making processes, and the long-term viability of services.

At the second level, a survey was undertaken with patients who had received eye care services. This survey focused on capturing the socio-economic background of beneficiaries, the challenges faced due to vision impairment, and the changes experienced after restoration of vision. Additionally, the survey assessed patient satisfaction with the services received, including accessibility, quality of care, and overall outcomes. By integrating findings from both supply-side and demand-side perspectives, the study captured a holistic assessment of programme effectiveness, sustainability, and impact on beneficiaries' lives.

VFI Annual Outcomes Overview - 2025–26



Pan-India Presence – 19 States Covered: This geographical outreach of the VFI eye care services through Associate Hospitals covering 19 states shows the wide-scale implementation of VFI across diverse regions of India, including both urban and rural

areas. It shows strong institutional networks and the ability of VFI to operate across different socio-cultural and administrative contexts.

Eye Check-up Camps Conducted (2401): During the financial year 2025–26, a total of 2,401 eye check-up camps were organized, primarily targeting underserved populations. This extensive outreach replicates efforts to improve accessibility of eye care services and proves a strong commitment to reaching populations with limited access to healthcare. The scale of camps highlights the VFI’s emphasis on community-based service delivery and its success in bringing essential eye care services closer to those in need.

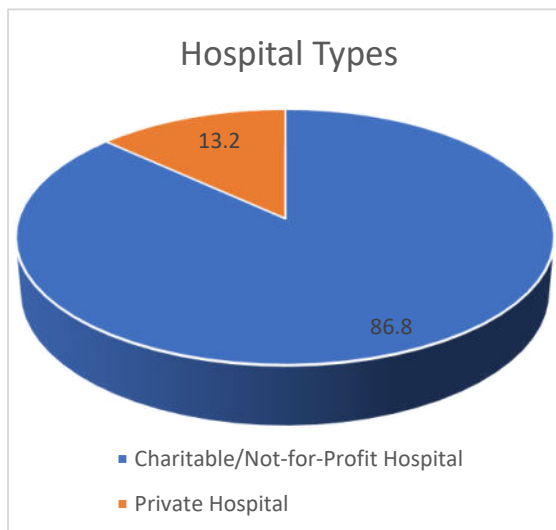
Patients Screened (145876): During the financial year 2025–26, a total of 1,45,876 individuals were screened through OPD and eye check-up camps. This large coverage shows the large scale of service delivery and effective community mobilization, awareness generation, and accessibility to eye care services. The high number of screenings highlights the programme’s accomplishment in early identification of eye-related conditions and its outreach among underserved populations.

Surgeries Advised (48669): During the financial year 2025–26, a total of 48,669 patients were identified as requiring surgical intervention based on screening outcomes, including conditions such as cataract and other vision-impairing disorders. This figure reflects the significant burden of untreated eye conditions detected and underlines the critical role of early diagnosis, timely referral, and access to surgical care in reducing visual impairment.

Surgeries Done (31275): During the financial year 2025–26, a total of 31,275 patients successfully underwent surgical procedures. This shows the programme’s effectiveness in treatment outcomes. The number also demonstrates the capacity and responsiveness of partner hospitals, as well as the operational efficiency of the service delivery system in ensuring timely interventions

Key Insights from the Institutional Survey

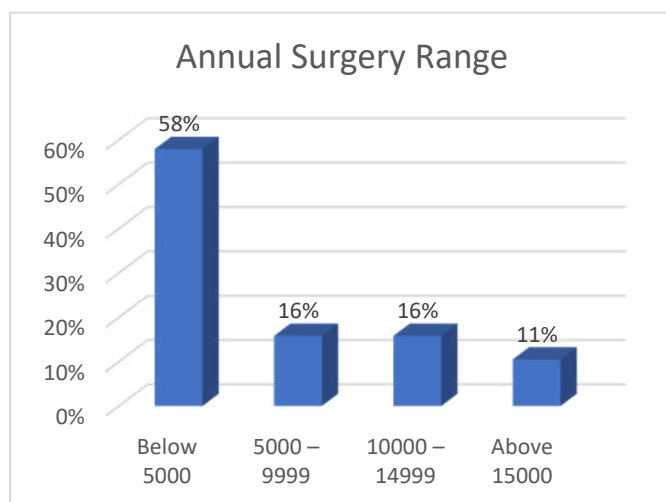
Type of Associate Hospitals



The chart illustrates the distribution of associate hospital types through which the VFI implements its eye care services across India. A majority (86.8%) of Associate Hospitals are charitable and not-for-profit hospitals, while only 13.2% are private hospitals. This distribution shows that VFI's implementation model is anchored in partnerships with charitable and mission-

driven eye healthcare institutions. These hospitals play a crucial role in providing eye care services affordable, and inclusive, particularly for economically disadvantaged and underserved populations.

Number of Cataract Surgeries Conducted Annually



The distribution of annual cataract surgeries across associate hospitals indicates that a majority (58%) of hospitals conduct below 5,000 surgeries annually, 16% of hospitals fall within the 5,000–9,999 range, and another 16% perform between 10,000 and 14,999 surgeries annually. 11% of hospitals conduct

more than 15,000 surgeries annually. These mid- and higher-volume Associate Hospitals significantly contribute to the successful surgical outputs and it also indicates that VFI has network of capable institutions that can handle moderate to high patient loads.

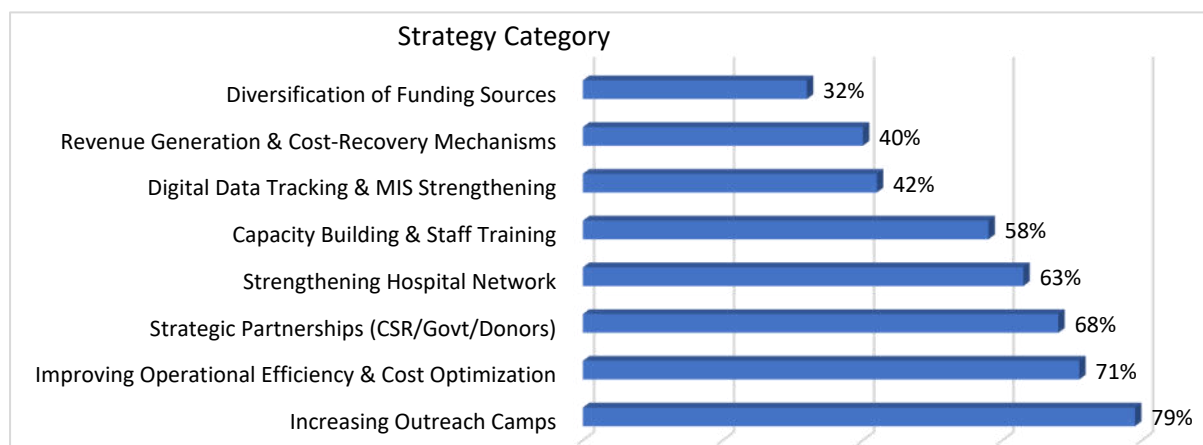
Key Risks in Eye Care Service Delivery (MR)



The findings highlight several key risks affecting eye care service delivery. The most prominent challenge is funding constraints, reported by 87% of hospitals, indicating a significant dependency on financial resources for sustaining outreach activities, conducting

surgeries, and subsidized or free services for needy beneficiaries. Geographic challenges, reported by 47% of hospitals in reaching remote and underserved populations. Staff shortages (18%) and low patient participation (18%) also emerge as notable concerns. A small proportion reported, 13% of hospitals mentions communities' participation in outreach activities, and data management issues (8%)

Mitigation Strategies to Address Key Risks in Service Delivery (MR)

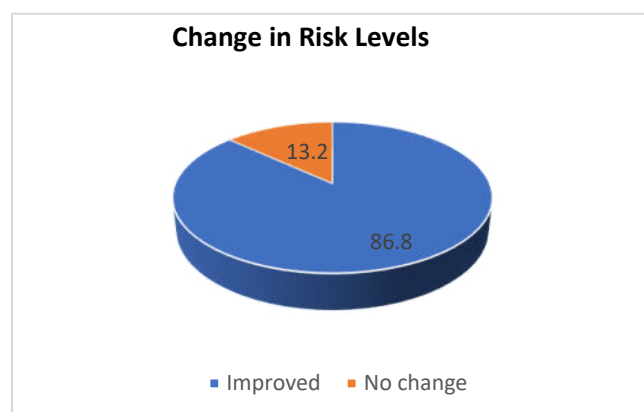


The findings indicate that Associate Hospitals prioritize increasing outreach camps (79%) as the primary strategy to address access-related challenges and expand service coverage. A strong focus on improving operational efficiency and cost optimization (71%) and building strategic partnerships (68%) shows efforts to manage financial constraints and enhance resource mobilization.

Further, strengthening the hospital network (63%) and investing in capacity building and staff training (58%) highlight the importance of institutional development and

service quality improvement. Emphasis also given to digital data tracking and MIS strengthening (42%), Focus on revenue generation (40%) and diversification of funding sources (32%) also acknowledged by the hospitals to mitigate the risks

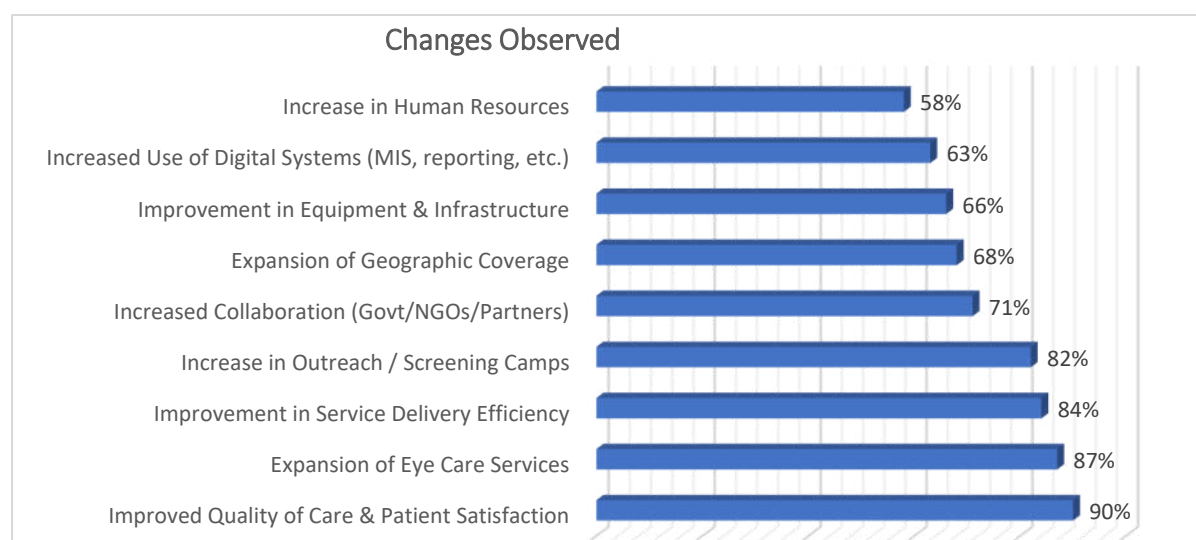
Change in Risk Levels Compared to 2024–25



The survey reports that a significant improvement in the overall risk environment for eye care service delivery. A majority of hospitals (86.8%) reported that risk levels have improved compared to the previous year (2024–25). This change reflects

the positive outcome of mitigation strategies adopted such as outreach expansion, operational improvements, and strategic partnerships. However, 13.2% of hospitals reported no change in risk levels, shows that they are on the way to mitigate the challenges

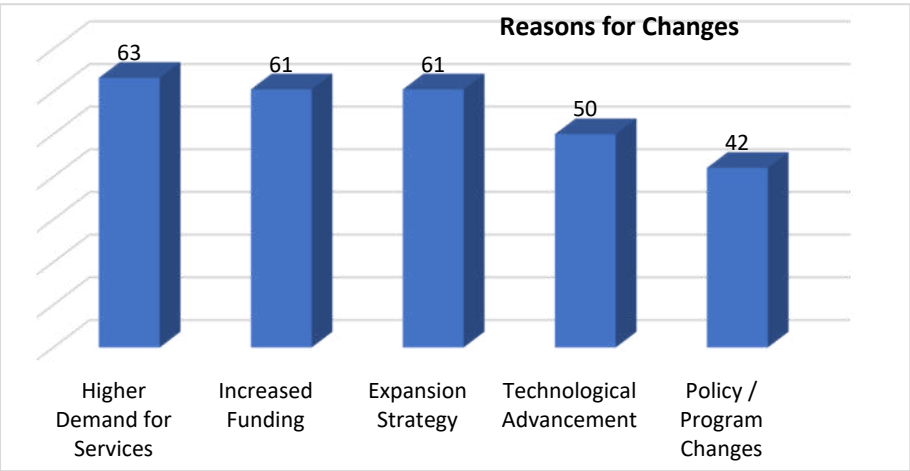
Changes Observed in Eye Care Services (2024–25)



The findings indicate substantial positive changes across multiple dimensions of eye care service delivery during 2024–25. The most significant improvement is observed in the quality of care and patient satisfaction (90%), Expansion of eye care services (87%) and improvements in service delivery efficiency (84%) highlight the

strengthening of institutional capacity and operational performance. Increasing outreach and screening camps (82%), increased collaboration with government and partner organizations (71%), expansion of geographic coverage (68%), Improvements in infrastructure (66%) and the growing use of digital systems (63%) indicate ongoing modernization and system strengthening. These responses suggest that notable progress is made in both expanding reach and improving the quality and efficiency of eye care services

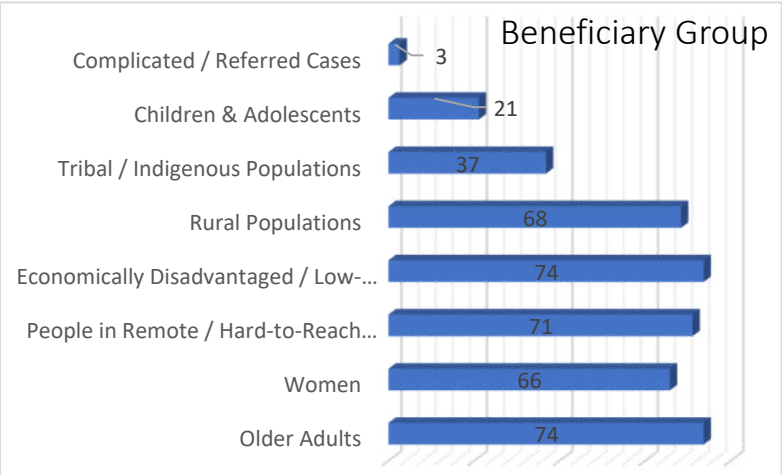
Key Reasons for Changes in Eye Care Services (2024–25)



The findings suggest that the primary driver of changes in eye care services is the growing demand for services (63%), Increased funding

and expansion strategies (61% each), Technological advancements (50%), policy and program changes (42%) have contributed to shaping the overall direction of eye care services expansion.

Patient Preference Profile by Associate Hospital (MR)

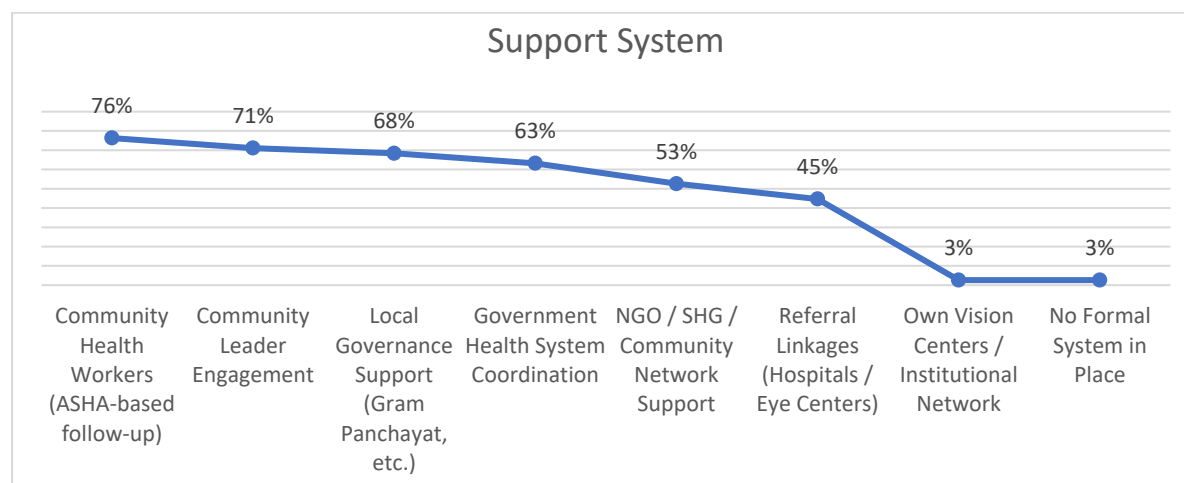


The graph shoes that eye care services are primarily reaching older adults and economically disadvantaged populations (74% each). Significant outreach to remote and hard-to-reach areas (71%) and rural populations (68%) further reflects the program’s

emphasis on improving access in underserved regions. Women (66%) also represent a major beneficiary group. The tribal populations (37%) and children and adolescents (21%), focus on

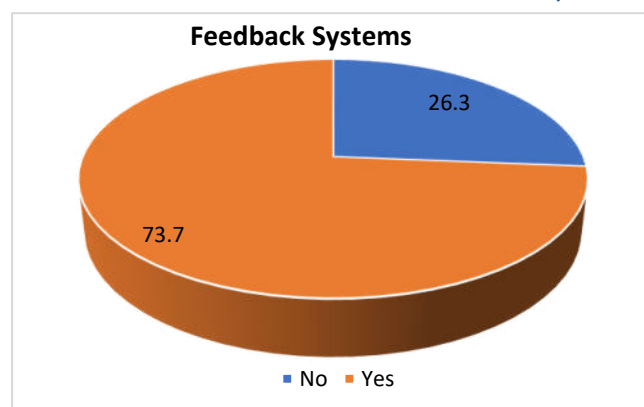
complicated or referred cases (3%). These initiatives are effectively targeting priority populations, particularly those with higher risk and limited access and economic vulnerability

Local Support Systems for Eye Care Service Delivery (MR)



The graph highlights the critical role of community-based support systems in facilitating eye care service delivery. A majority of hospitals (76.3%) rely on community health workers, particularly ASHA workers, for follow-up and patient mobilization, community leaders (71.1%) and support from local governance institutions (68.4%) and Coordination with the government health system (63.2%) plays a significant role in strengthening service delivery mechanisms. Responses also highlighted on NGO and SHG networks (52.6%), and referrals (44.7%). The data shows a strong community-integrated model of service delivery within VFI's network, emphasizing collaboration and grassroots engagement to improve access and continuity of eye care services.

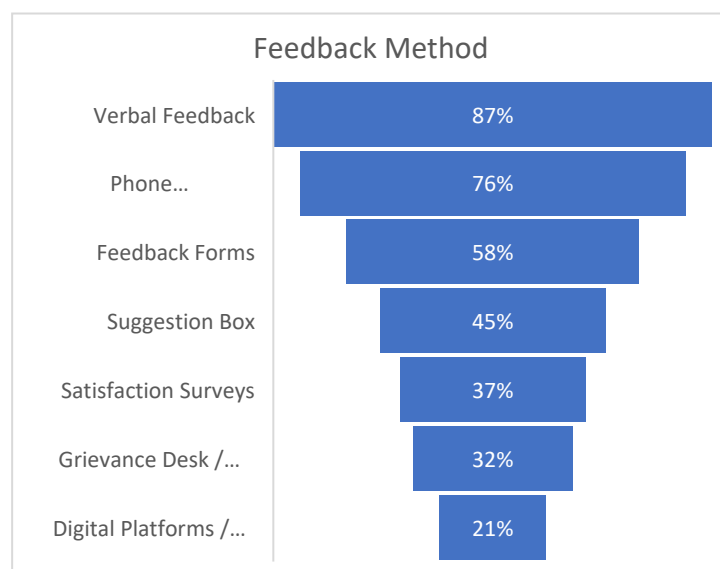
Patient/Stakeholder Feedback Systems



The findings show that a majority of institutions (73.7%) have a formal system in place to collect patient or stakeholder feedback and have strong focus towards a quality improvement and accountability in eye care service delivery. However, a significant

(23.7%) of institutions are in a process of developing institutional patients feedback systems, to improve patient experiences and service quality insights

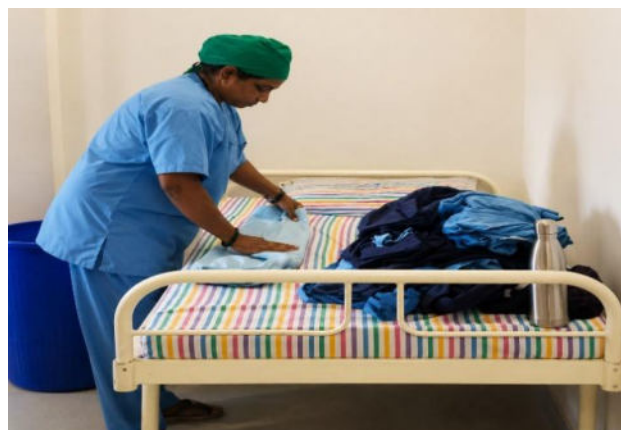
Methods Used to Collect Patient Feedback (MR)



The data shows patient feedback is being collected through formal and informal methods. A majority (86.8%) collect verbal feedback during consultation and discharge. Similarly, phone-based communication (76.3%) is widely used, written feedback forms (57.9%) and suggestion boxes (44.7%) are commonly

used. The systematic feedback systems like patient satisfaction surveys (36.8%), digital platforms (21.1%) and grievance mechanisms (31.6%) are also reported by the hospitals.

Maintaining Hygiene and Preparedness in Patient Care Facilities

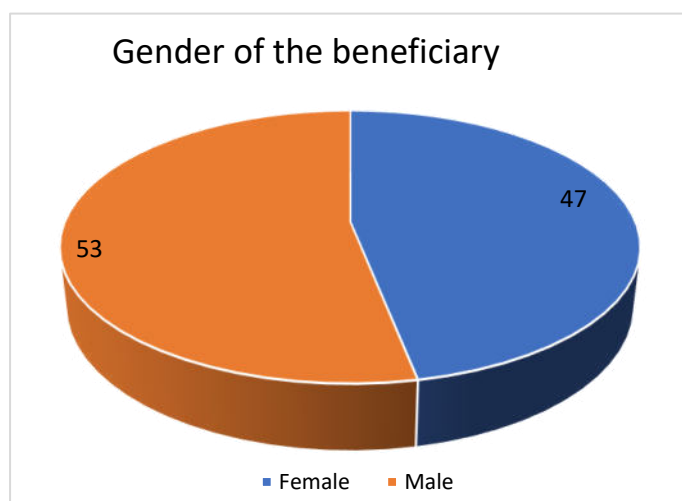


The field visit photo shows a hospital staff member preparing and cleaning a patient bed. This reflects hospital emphasis on hygiene, infection control within hospital facilities. Such practices are essential to ensure a safe and sterile environment for patients undergoing

treatment, particularly surgical procedures like cataract operations. The attention to cleanliness and systematic preparation highlights the commitment of associate hospitals to maintaining quality standards in service delivery.

Key Insights from the Patients Survey

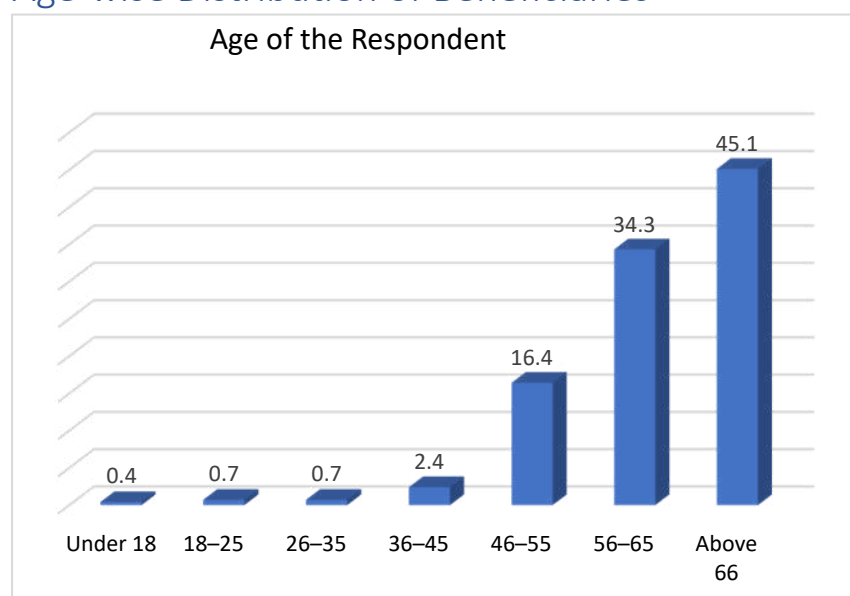
Gender wise distribution of the patients



53% of the beneficiaries are male and 47% are female, indicating that the programme has been largely inclusive in reaching both men and women. The slight gap may be attributed to the tendency to prioritize men's treatment, as they are often the primary earners in the household. However, the

higher proportion of male beneficiaries may also reflect underlying gender-related differences in healthcare access, health-seeking behaviour, and mobility constraints that can limit women's uptake of surgical services

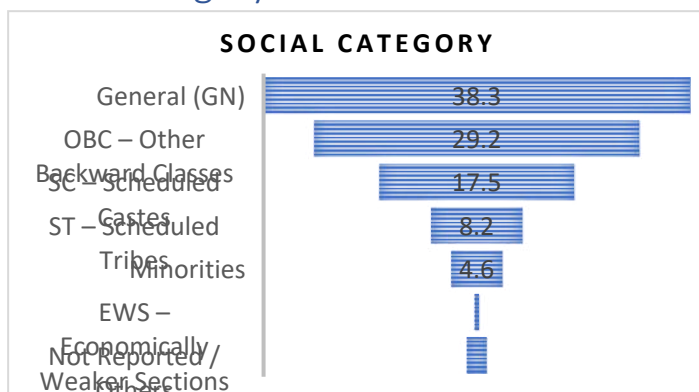
Age-wise Distribution of Beneficiaries



The majority of respondents were aged above 66 years (45.1%), followed by those aged 56–65 years (34.3%). Together, these two age groups accounted for 79.4% of the total sample, this shows that the study population

was predominantly older adults. This indicates that VFI services during 2025-26 are predominantly reaching older individuals, who are the most vulnerable to eye-related conditions such as cataract

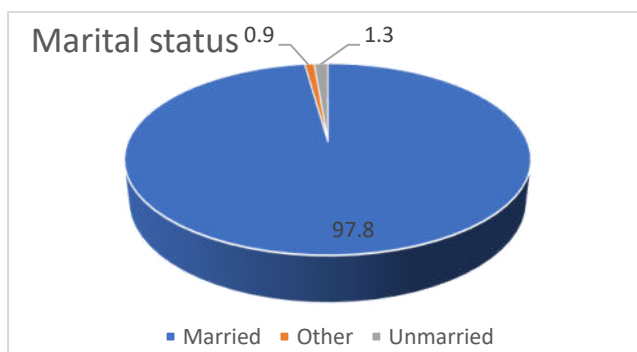
Social Category of Beneficiaries



The social category distribution shows that a significant proportion of beneficiaries belong to socially and economically vulnerable groups. OBCs (29.2%), SCs (17.5%), and STs (8.2%). At the same time, 38.3% beneficiaries

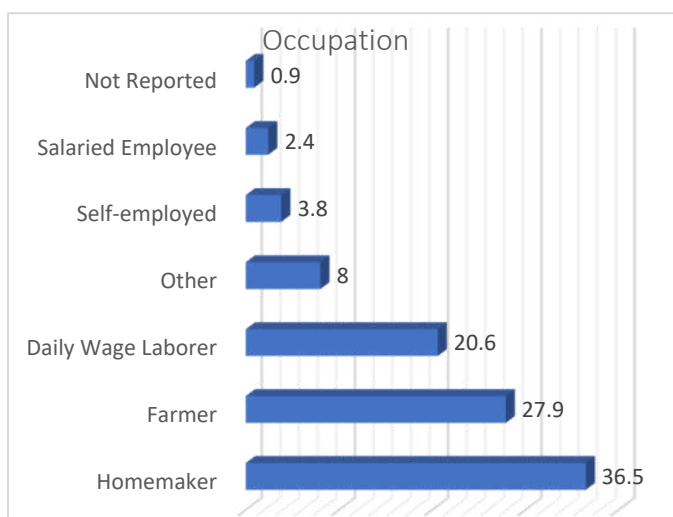
are poor from the General category. The data highlight that VFI has been effective in reaching underserved populations

Marital Status of Beneficiaries



The data shows (97.8%) are married. Family support may play a significant role in facilitating access to healthcare services, including decision-making, mobility, and post-operative care

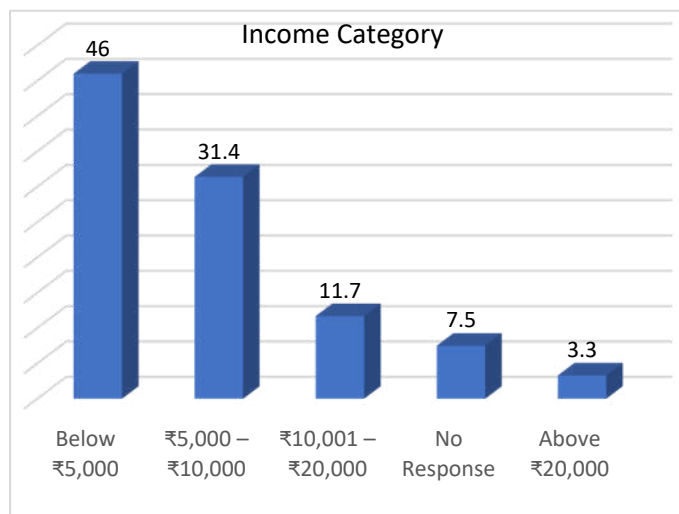
Main Occupation of Beneficiaries



The occupational profile of beneficiaries indicates that a large proportion are economically dependent or engaged in informal and low-income livelihoods. Homemakers constitute the highest share (36.5%), followed by farmers (27.9%) and daily wage laborers (20.6%), reflecting that the

programme primarily reaches rural and economically vulnerable populations. The relatively smaller proportion of self-employed (3.8%) and salaried employees (2.4%) shows limited representation from more stable income groups.

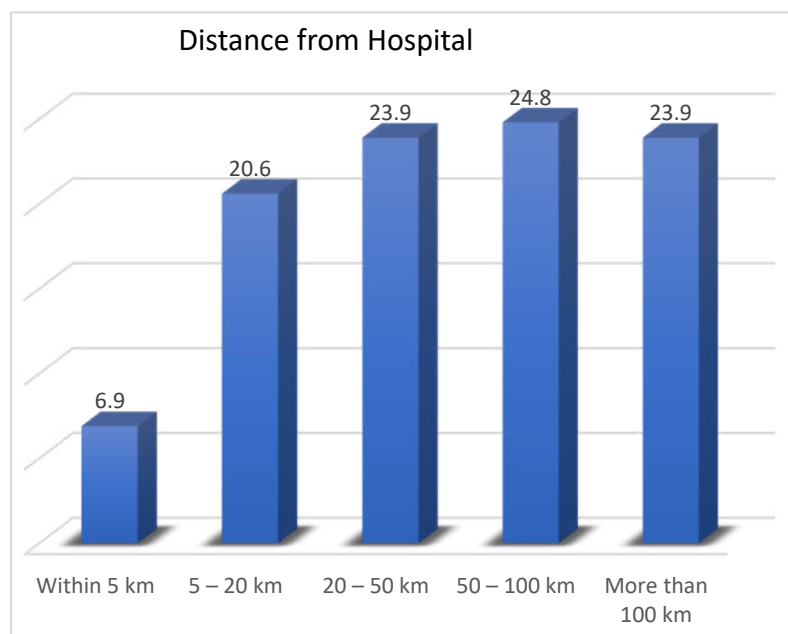
Monthly Family Income of Beneficiaries



The income distribution clearly indicates that the majority of beneficiaries belong to low-income groups. (77.4%) earn below Rs.10,000 per month, with nearly half (46%) earning less than Rs.5,000 highlighting significant economic vulnerability. The very small proportion in higher income

categories (above 20,000) and the presence of non-response (7.5%) may reflect sensitivity around income disclosure or paediatric patients

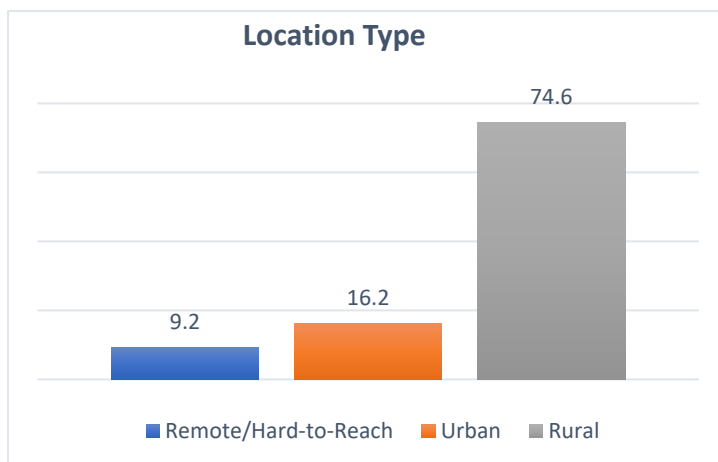
Distance from Hospital



The data shows that a significant proportion of beneficiaries travel considerable distances to access eye care services. Nearly 72.6% of patients come from beyond 20 km, with a notable share (48.7%) travelling more than 50 km, including 23.9% who travel over 100

km. This data shows strong outreach of eye care interventions

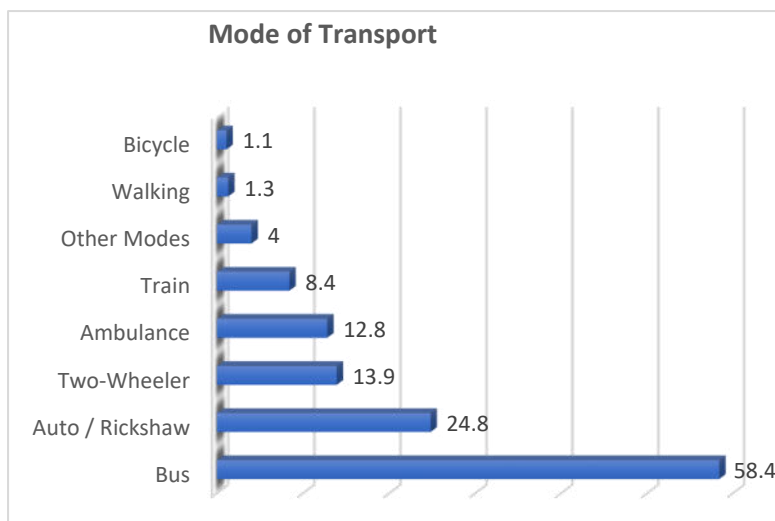
Type of location



The majority of beneficiaries (74.6%) are from rural areas, followed by 16.2% from urban areas, and (9.2%) are from remote and hard to reach regions. This shows that the eye care services are largely reaching populations, who often have

limited access to specialized eye care.

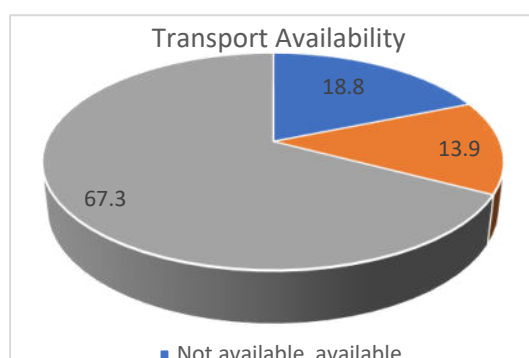
Mode of Transport Used to Reach the Hospital



The majority of beneficiaries (58.4%) reported hospital buses used to reach the hospital, followed by (24.8%) auto/rickshaws or govt transport and (13.9%) two-wheelers. A smaller proportion use ambulances (12.8%) and trains (8.4%),

while very few walk or use bicycles. This indicates high dependence on hospital and shared transport

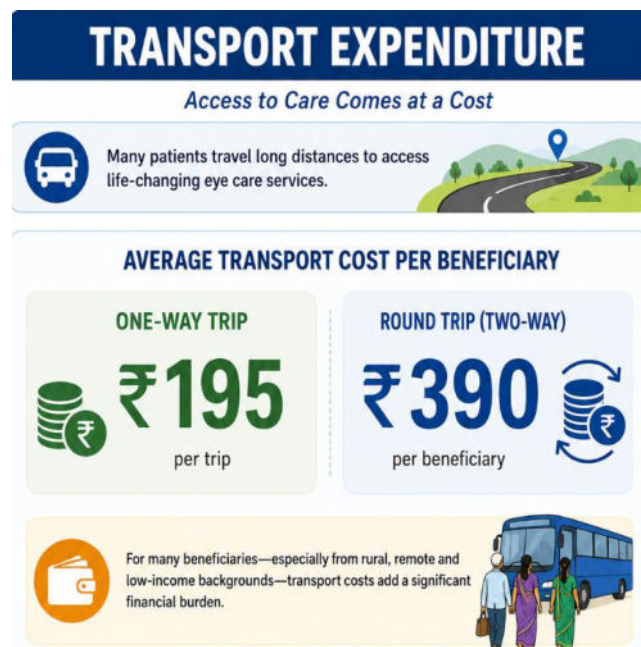
Transport Availability



The data shows the majority of beneficiaries (67.3%) reported that transport is easily available in their area which facilitates access to healthcare services. However, 13.9% reported that transport available sometimes while 18.8% reported transport is not

available in their area. This means that nearly one-third of beneficiaries experience some level of difficulty in accessing transport.

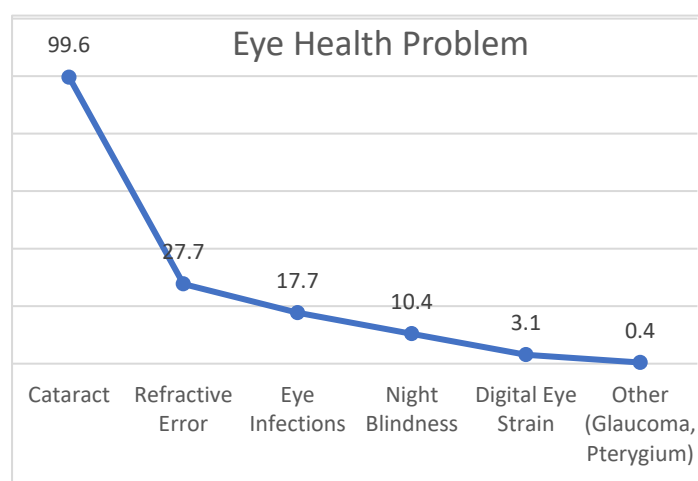
Transport Cost



The survey data shows that the average one-way transport cost incurred by beneficiaries is approximately Rs.195, amounting to around Rs.390 for a round trip. For many patients particularly those from rural, remote, and economically weaker backgrounds, this represents a significant out-of-pocket expense. In this context VFI eye care interventions are a big help in accessing eye care, especially for those who are in an old

age, lost their income and belongs to economic underprivileged background and lives in a remote place. The data underscores the importance of incorporating transport support mechanisms to reduce the financial strain on patients.

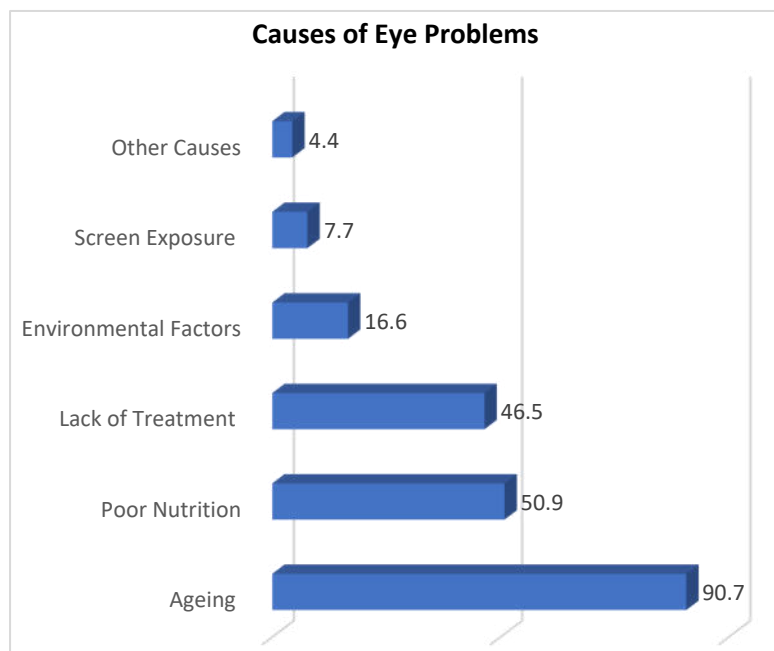
Type of Eye Health Problems among Beneficiaries (MR)



The data shows that cataract is the predominant eye health condition among VFI beneficiaries (99.6%). This reflects the primary focus of avoidable blindness particularly among older populations. A notable proportion of beneficiaries also reported issues

beyond cataract i.e refractive errors (27.7%), eye infections (17.7%), night blindness (10.4%), digital eye strain (3.1%) and other conditions.

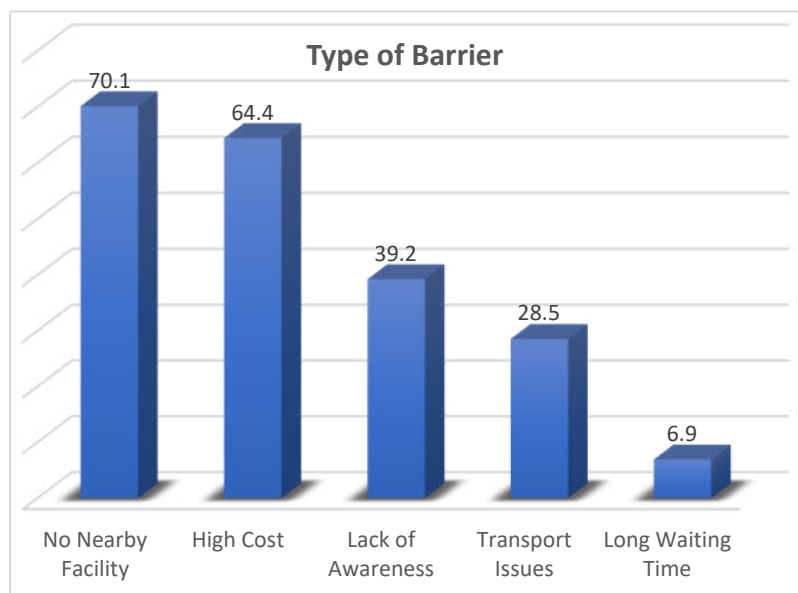
Main Causes of Eye Problems Perceived by Respondents (MR)



The perceived causes of eye problems among respondents are largely attributed to ageing, reported by a vast majority (90.7%), indicating strong recognition of age-related vision issues. In addition, over half of the respondents (50.9%) identified poor nutrition as a contributing

factor, while 46.5% pointed to lack of timely treatment. Environmental factors (16.6%) and screen exposure (7.7%) were less frequently reported, and only a small proportion cited other causes. The findings indicate a gap in awareness and preventive health practices

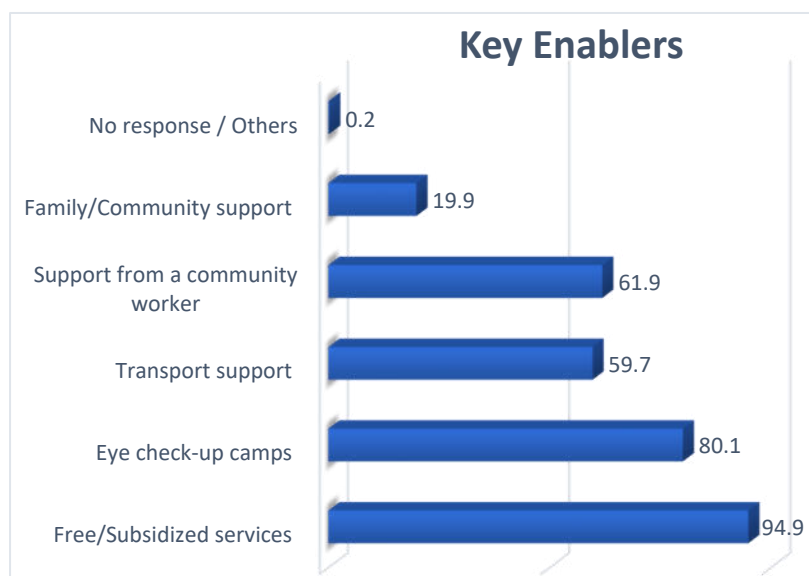
Difficulties Faced in Accessing Eye Care Before Intervention (MR)



The findings highlight that structural and financial barriers are the most significant challenges in accessing eye care services. The absence of nearby facilities (70.1%) followed by High cost (64.4%), lack of awareness (39.2%), Transport issues

(28.5%) and long waiting time (6.9%) are reported as a significant barrier in accessing eye care facilities before avail the VFI services

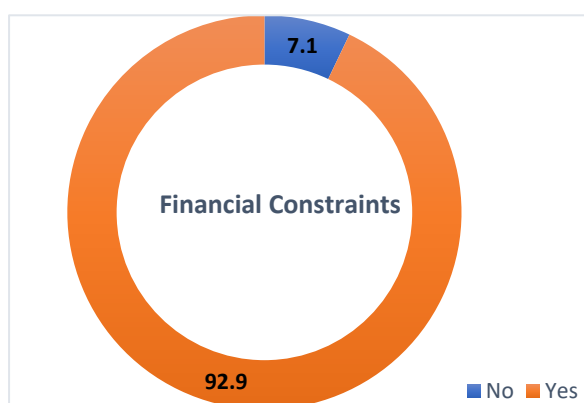
Key Enablers in Overcoming Barriers to Eye Care Services



The findings indicate that financial and logistical support mechanisms played a decisive role in enabling beneficiaries to access eye care services under the intervention implemented by Vision Foundation of India. The most significant facilitator

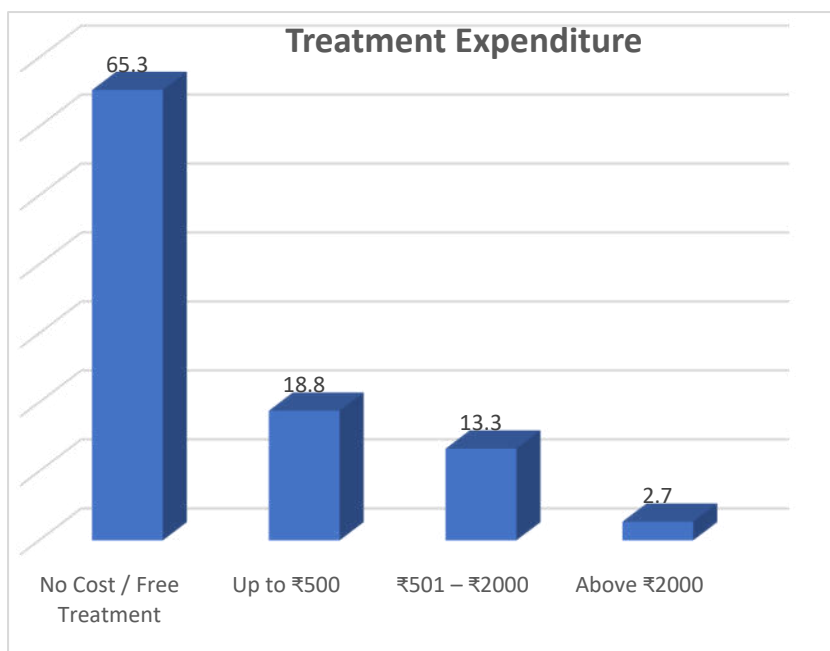
was the availability of free or subsidized services (94.9%), followed by eye health camps (80.1%), which underscores the importance of outreach-based service delivery models in reaching underserved populations, particularly in rural and hard-to-reach areas. In addition, support from community workers (61.9%) and transport assistance (59.7%), relatively lower reporting of family or community support (19.9%), suggests that while household and social networks contribute

Financial Challenges in Accessing Eye Care Services



A majority (92.0%) of beneficiaries reported that financial constraints were a major barrier to accessing treatment, with only 7.1% not facing such issues.

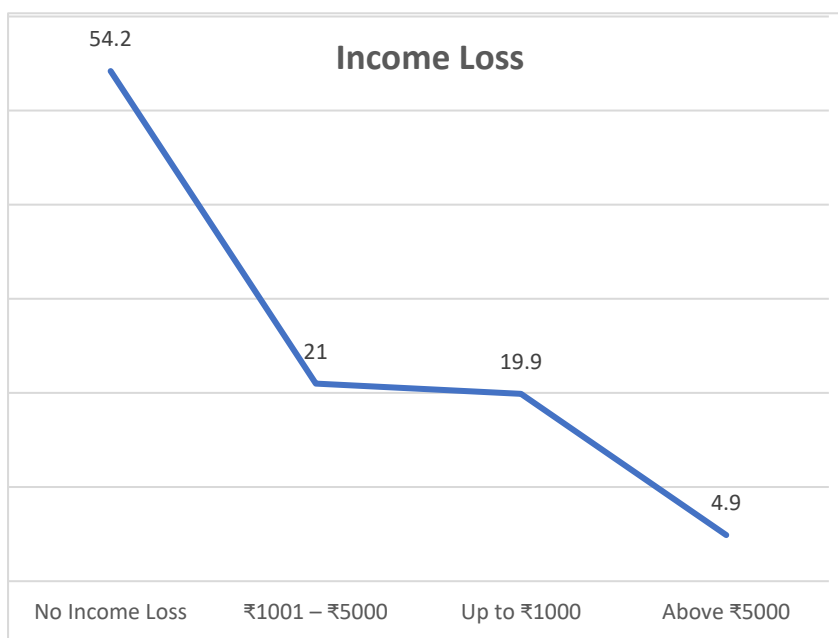
Treatment Expenditure



The findings show that majority of the beneficiaries (65.3%) received treatment free of cost including travel, food, medicines and stay during the surgery this is particularly for the economically vulnerable populations. Among those who

incurred expenses, a considerable proportion spent relatively small amounts it may be sometime for the local transport, spectacles and other than medical expenses like pathology test

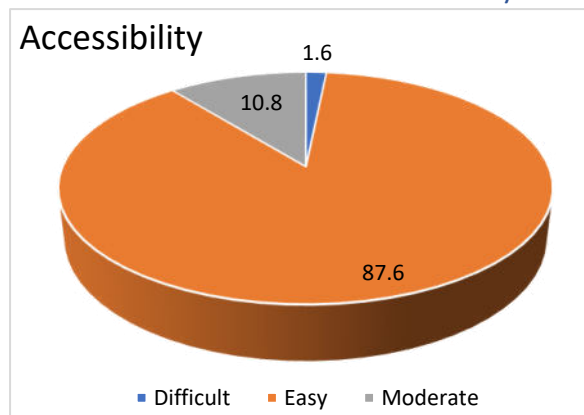
Income Loss Due to Treatment



The data indicates that more than half of the beneficiaries (54.2%) did not experience any income loss. However, 21.0% lost between 100–5000, 19.9% lost up to 1000. This highlights that a substantial segment of patients particularly those

engaged in daily wage or informal work face income disruptions while seeking treatment.

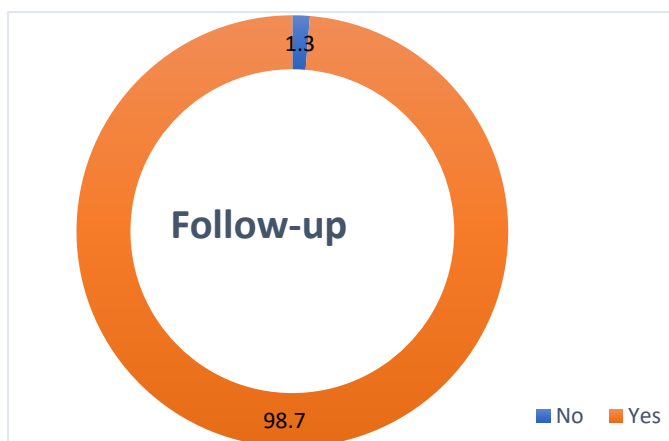
Perceived Ease of Access to Eye Care Services



A vast majority of beneficiaries (87.6%) rated the accessibility of services as easy, with only 1.6% finding it difficult. This indicates that VFI has been highly successful in making eye care services accessible, effectively reducing earlier barriers related to distance, cost, and

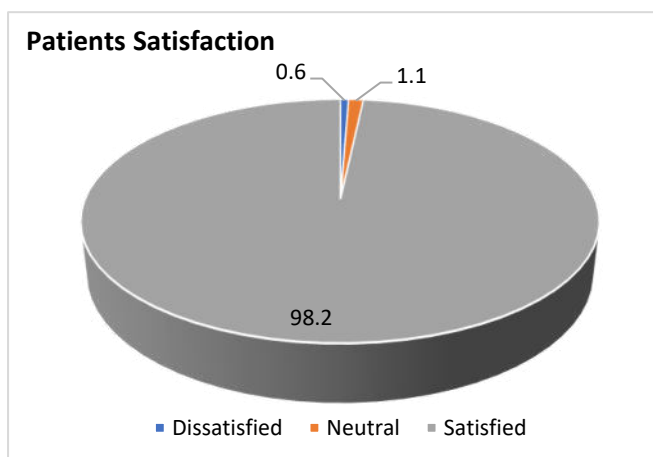
availability.

Post-Treatment Follow-up: Beneficiary Experience



An overwhelming majority (98.7%) of beneficiaries reported receiving follow-up care after treatment. This indicates very strong post-treatment support and continuity of care under the RNY contributing to better recovery outcomes and patient satisfaction

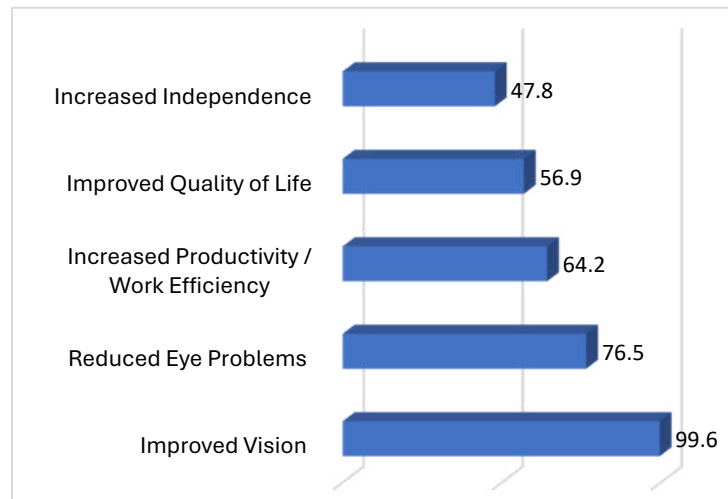
Patients Satisfaction with Received Services



The data shows an overwhelmingly positive perception of the services received among beneficiaries. A vast majority (98.2%) reported being satisfied, suggesting that the services are largely meeting the needs and expectations of the target population. Only a very small proportion

expressed neutral views (1.1%), indicating mixed experiences. Notably, dissatisfaction is almost negligible (0.6%), reflecting minimal gaps in service delivery

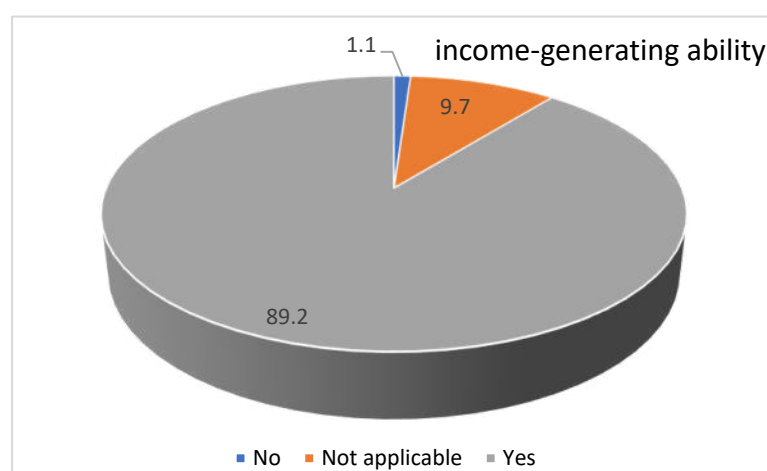
Post-surgical changes experienced by Patients (MR)



The findings indicate that the VFI intervention has turned into multi-dimensional benefits for patients. Nearly all respondents (99.6%) reported improved vision, indicating that the core objective of the intervention has been achieved. A (76.5%) of beneficiaries reported a

reduction in eye-related problems. Beyond health improvements, the intervention has contributed to broader socio-economic and quality of life gains. 64.2% of patients reported increased productivity or work efficiency, more than half (56.9%) noted an improved quality of life, (47.8%) experienced increased independence. These results indicate that the intervention by VFI not only addresses medical needs but also contributes significantly to functional ability, economic participation, and improved living standards

Improvement in Income-Generating Ability

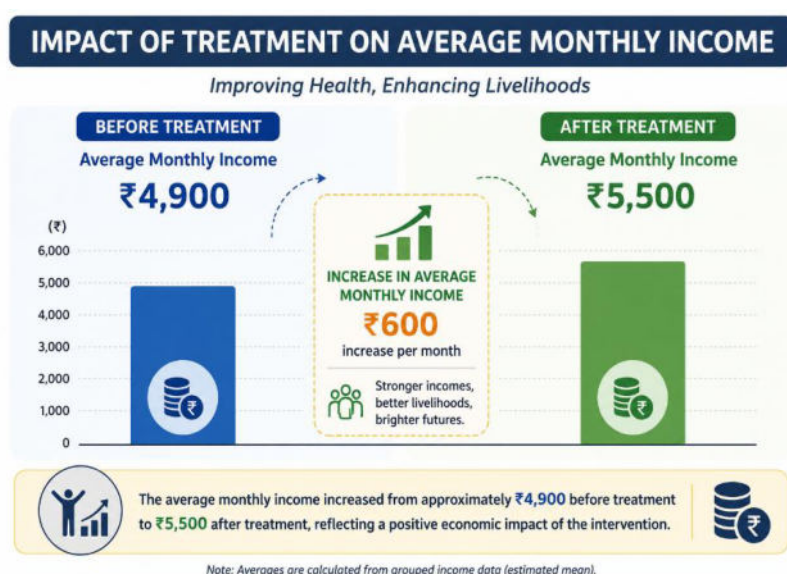


The findings indicate a strong positive impact of the intervention on beneficiaries' economic functionality. (89.2%) reported an improvement in their income-generating ability, suggesting that enhanced

vision has directly contributed to better productivity and livelihood opportunities. Only a very small proportion (0.9%) reported no improvement, while an almost

negligible share (0.2%) did not provide a clear response. Additionally, 9.7% of respondents indicated that the question was not applicable, likely representing individuals not engaged in income-generating activities such as elderly beneficiaries, children, or dependents

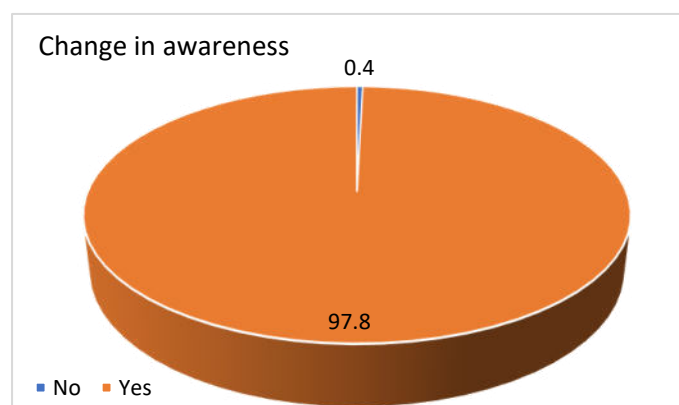
Economic Impact of VFI Intervention



The comparison of average monthly income before and after treatment indicates a positive shift in respondents' economic conditions. The mean income increased from approximately Rs. 4,900 before treatment to Rs. 5,500 after treatment,

reflecting an average rise of about Rs. 600 per month. This improvement suggests that the intervention has contributed to enhancing the income-generating capacity of beneficiaries. Improved health, particularly vision, likely enabled beneficiaries to engage more effectively in work, increase productivity, or resume livelihood activities that were previously constrained.

Change in Awareness after Eye Care Intervention



The findings indicate a substantial improvement in awareness levels following the eye care intervention. 97.8% reported increased awareness, which shows enhancing knowledge and understanding about the basics of

eye care among patients. The results highlight that the intervention has been highly

contributing in raising awareness, which is critical for promoting preventive practices, timely treatment-seeking, and long-term eye health outcomes.

Insights from the Patient's Interaction

Painful Story of Mr Kanna Navla Sharmaki



Kanna Navla Sharmaki is an elderly member of a marginalized Gond Adivasi community residing in informal roadside settlements near Panvel railway station. Approximately 100–150 individuals from his community live there. His primary occupation is earwax cleaning in public places such as parks, railway stations, and local trains, earning approximately INR 100–200 per day. His family of 11

children and extended members are engaged in similar low-income and vulnerable occupations, with instances of intergenerational poverty reflected in children resorting to begging in trains. Over a period of several months, Kanna experienced progressive visual impairment, significantly limiting his ability to perform daily livelihood activities. He reported difficulty in recognizing individuals, navigating public spaces, and identifying moving vehicles, thereby increasing his risk of accidents. The visual impairment directly impacted his income, mobility, and independence, further exacerbating his socio-economic vulnerability. Limited awareness and access to affordable healthcare services delayed timely intervention.

Intervention

Through community-level awareness, Kanna was informed about a free eye screening camp organized near a Sai Mandir of Panvel. He attended the screening camp, where he was diagnosed with cataract. Subsequently, he was referred for and underwent cataract surgery at no cost under the VFI-supported program. The intervention included screening, counseling, referral, surgical treatment, and follow-up care.

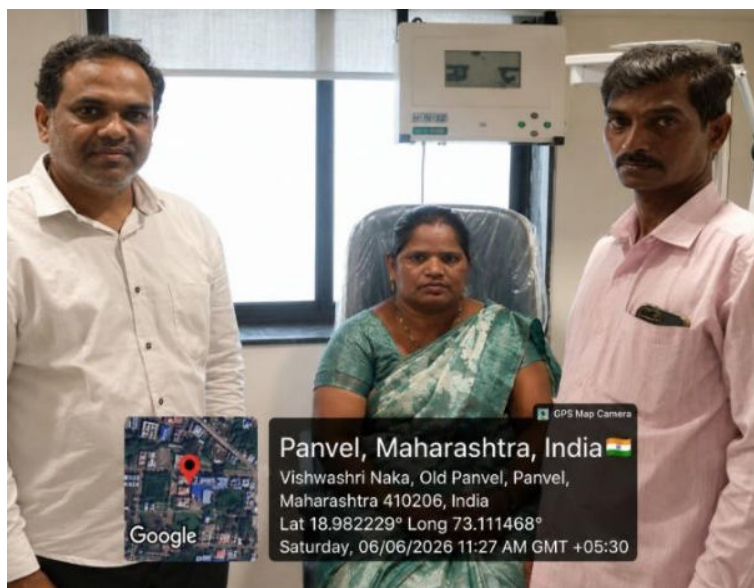
Impact

The intervention resulted in immediate and significant improvements in Kanna's visual capacity and overall well-being. Kanna reported that he is now able to work without fear, earn independently, and actively participate in family life, including spending time with his grandchildren.

- Restoration of functional vision
- Resumption of livelihood activities with improved confidence and safety
- Reduction in risk of road and workplace accidents
- Enhanced mobility and independence
- Improved psychosocial well-being, including increased engagement with family members

Kanna's story shows the critical role of accessible and community-based eye care services in addressing preventable blindness among marginalized populations. Timely intervention contributes to vision restoration as well as social inclusion

Ms Hashi's experience of Independence



Hashi Shanivar Sapre, a 57-year-old farm labourer working in vegetable cultivation along railway lines while also managing household responsibilities. Her livelihood depended on activities like cutting grass and watering vegetables – tasks that became increasingly

difficult due to her worsening vision. Everyday movements became uncertain, and her independence slowly faded as her confidence declined. Following her eye treatment under RNY Hashi's life has undergone a remarkable transformation. She can now see clearly, work without the burden of eye strain, and no longer fears the harsh rays of the sun

Silent Suffering of Ms. Mumtaj Shaikh



At 70, Mumtaj Shaikh had been living with constant discomfort in her eyes, persistent itching, discharge, and a painful Brightness in sunlight that made even stepping outside difficult. But beyond the physical pain, what affected her most was the quiet isolation that followed.

With limited family support and growing dependence on others, Mumtaj began withdrawing from daily interactions. She avoided stepping out, reduced her participation in community life, and often sat alone, struggling not just with her vision but with a sense of neglect and emotional distress. Mumtaj received free eye care treatment under RNY that brought remarkable relief. Now Mumtaj has stepped back into life with confidence and dignity.

Healing Beyond Vision the Story of Sumita Mukkas

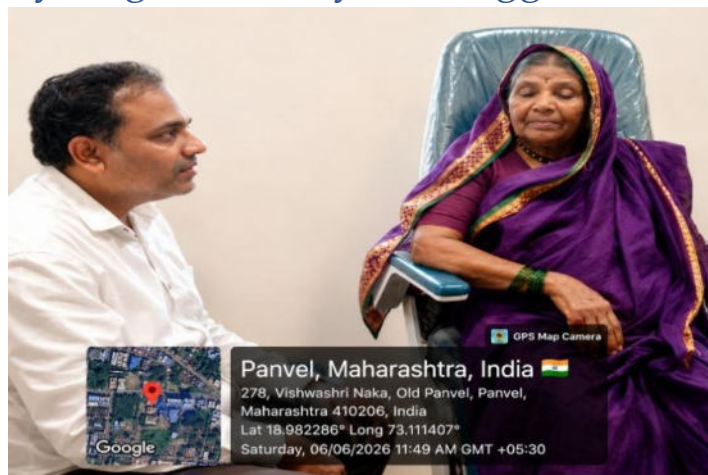


Sumita Mukkas, a 60-year-old domestic worker, has faced profound personal hardships. After losing her husband to cancer, she found herself solely responsible for raising her four children. Living with arthritis and declining eyesight, Sumita continued working

in households, washing dishes and clothes to support her family. However, her impaired vision often led to mistakes at work, resulting in scolding from employers.

Through a relative she learned about a free eye check-up camp and was diagnosed with cataract. Following the intervention, Sumita's life began to change.

Eye Sight in a City of Struggle: A Story of Fulabai Chavan



Fulabai Chavan, 80 yrs old, migrated to Mumbai over 40 years ago in search of a better life for her four children. As cataract slowly took away her vision, Fulabai found herself struggling with a city life adjustment, and moving around independently

felt unsafe. She had no one left at her native place to support her. Staying in Mumbai was not a choice, but a necessity. Her vision loss led to increasing isolation and emotional distress. She often felt helpless and dependent, quietly battling loneliness and depression. Fulabai underwent cataract surgery under RNY that transformed her life. With returned vision, she can now see clearly, move with confidence, and engage with her surroundings once again.

Jayendra's Story of Livelihood Regaining



Jayendra Mahadeo Pawre, a 60-year-old electrician, depended on daily wage work to sustain his livelihood, earning around Rs 300 a day. His profession required precision and clear vision, but as his eyesight began to deteriorate, even simple electrical tasks became difficult. With reduced

income, the financial stress began to affect him and his entire household. Jayendra underwent cataract surgery under RNY and he has regained the confidence to take up work again and perform his tasks safely and efficiently.

Dignity in Old Age: The Story of Nasir Sayyed



Nasir Sayyed, a 78-year-old man, spent most of his life working as a construction mason. As age increased, he took up a job as a night watchman to sustain himself. However, declining vision made even this modest role difficult. He took free surgical treatment, and improvement has

enabled him to perform his duties with greater confidence and security.

Implementation of Rashtriya Netra Yagna at the Associate Hospital Level



This discussion report presents insights gathered from a group interaction with associate hospital staff involved in implementing the Rashtriya Netra Yagna initiative under the Vision Foundation of India. The discussion helped to understand the

operational processes, challenges, and best practices adopted by hospital teams in delivering free eye care services, including screening and surgeries.

The participants included key hospital personnel:

- Optometrist
- Nursing staff
- Programme coordinators
- Outreach support staff

Key Discussion Areas and Findings

Service Delivery Mechanism: Participants highlighted that the RNY programme follows a camp-based outreach model wherein eye screening camps are systematically organized in rural and underserved areas. Patients identified during these camps are referred to associate hospitals for further surgical intervention. Cataract surgeries and related treatments are provided free of cost. This model was found to be highly effective in improving access to eye care services among marginalized populations.

Role of Outreach and Mobilization: Hospital staff emphasized that outreach and community mobilization play a critical role in the success of the programme. Collaboration with local NGOs, community workers, and grassroots networks, along with pre-camp awareness activities, significantly contributed to increased patient participation. These efforts enabled early identification of eye conditions and ensured higher turnout at screening camps.

Quality of Care and Infrastructure: Participants reported that associate hospitals are adequately equipped with the necessary infrastructure and trained personnel to conduct surgeries efficiently. Standard clinical protocols for pre-operative assessment and post-operative care are consistently followed. Additionally, strong emphasis is placed on infection control and patient safety

Challenges Faced: Despite the overall effectiveness of the programme, several operational challenges were identified. These included patient hesitation and fear regarding surgical procedures, transportation constraints particularly affecting elderly patients, occasional delays in follow-up care, and increased workload during peak camp periods. Addressing these challenges was considered essential for further strengthening programme implementation.

Support Systems and Enablers: The discussion revealed that multiple support systems facilitated effective service delivery. The availability of free or subsidized treatment, provision of transport support, continuous guidance and institutional backing from the Vision Foundation of India played a significant role in overcoming service delivery barriers.

Follow-up and Patient Outcomes: Participants reported that while follow-up mechanisms are in place, there is scope for further strengthening. Most patients reported significant improvement in vision and overall quality of life following surgery. The positive outcomes have contributed to increased community trust, leading to participation in camps and wider acceptance of the intervention.

Suggestions from Hospital Staff: The discussion highlighted the need for increased financial support to strengthen the implementation of the following activities

- Increasing frequency of outreach camps in remote areas
- Enhancing community awareness on eye health
- Providing additional logistical support during high-volume camps
- Strengthening post-operative follow-up systems

Summary of the Discussion

The discussion indicates that the RNY programme has been successfully implemented at the associate hospital level, ensuring both accessibility and quality of eye care services. The integrated approach of outreach, free treatment, and institutional support has played a critical role in addressing preventable blindness. Addressing operational challenges and strengthening follow-up mechanisms can further enhance the programme's impact and sustainability.

Data Collection Tools

A: Hospital Perspective: Survey of Senior Officers/Trustees

Sr No	Question	Response
1	Name of the Hospital	
2	Type of Hospital	○ Private Hospital ○ Charitable/Not-for-Profit Hospital ○ Religious/Mission Organization ○ Multi-specialty Hospital with Eye Department ○ Medical College with Eye Department
3	Approximate number of cataract surgeries conducted annually	
4	What are the key risks faced in eye care service delivery?	○ Funding constraints ○ Geographic challenges ○ Operational issues ○ Data management issues ○ Staff shortage ○ Low patient participation
5	What mitigation strategies have been adopted?	○ Strengthening hospital network ○ Increasing outreach camps ○ Digital data tracking and MIS strengthening ○ Capacity building and staff training ○ Diversification of funding sources

		○ Revenue generation and cost-recovery mechanisms ○ Strategic partnerships with donors/CSR/government schemes ○ Improving operational efficiency and cost optimization ○ Other:
6	Has the risk level improved compared to last year 2024-25?	○ Improved ○ No change ○ Worsened
7	How you have noticed changes in eye care services delivered in the last year 2024-25?	○ Increase in outreach/ screening camps ○ Expansion of eye care services ○ Improvement in service delivery efficiency (reduced waiting time, faster patient flow, etc.) ○ Expansion of geographic coverage/service areas ○ Increased use of digital systems for patient management and reporting ○ Increase in human resources (ophthalmologists, optometrists, support staff, etc.) ○ Improvement in equipment and infrastructure ○ Increased collaboration with government, NGOs, or other partners ○ Improved quality of care and patient satisfaction ○ No significant changes observed ○ Other:
8	What are the key reasons for eye care services delivered in the last year 2024-25?	○ Increased funding ○ Higher demand for services ○ Policy or program changes ○ Technological advancement ○ Expansion strategy ○ Other:
9	Which population groups have benefited the most from your eye care service?	○ Older adults ○ Womens ○ Children and adolescents

		○ People living in remote or hard-to-reach areas ○ Economically disadvantaged/low-income populations ○ Rural populations ○ Tribal/indigenous populations ○ All mentioned above ○ Other:
10	What are the local support systems for your eye care services delivery?	○ Community health worker/ASHA-based follow-up ○ NGO/SHG/community network support ○ Government health system coordination ○ Referral linkages with other hospitals/eye centers ○ Local governance support - Grampanchayat etc ○ community leader engagement ○ No formal system in place ○ Other:
11	Does your institution have a formal system to collect patient/stakeholder feedback?	○ Yes ○ No ○ Not sure
12	What methods are used to collect patients feedback?	○ Verbal feedback during consultation/discharge ○ Suggestion box ○ Phone calls/SMS/WhatsApp ○ Written feedback forms ○ Patient satisfaction surveys ○ Digital platforms/online forms ○ Dedicated grievance desk/helpline ○ Other:

B: QUESTIONNAIRE – VFI BENEFICIARIES 2025-26

Sr No	Question	Response
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1	Name of the State राज्य का नाम	
2	Name of the Hospital अस्पताल का नाम	
3	Name of the respondent उत्तरदाता का नाम (लाभार्थी)	
4	Gender of the beneficiary लाभार्थी का लिंग	☐ Male (पुरुष) ☐ Female (महिला) ☐ Other:
5	Age of the respondent? (In completed year) आयु (वर्षों में)	☐ Under 18 ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56-65 ☐ Above 66
6	What is your current educational status? शिक्षा का स्तर	☐ No formal education ☐ Primary ☐ SSC ☐ HSC ☐ Graduation and above ☐ Other:
7	What is your social category? सामाजिक श्रेणी	☐ GN – General ☐ SC – Scheduled Castes ☐ ST – Scheduled Tribes ☐ OBC – Other Backward Classes ☐ EWS – Economically Weaker Sections ☐ Minorities
8	What is your Marital status? वैवाहिक स्थिति	☐ Married ☐ Unmarried ☐ Divorced ☐ Other
9	How far is your Home from the hospital? आपके घर से अस्पताल कितनी दूरी पर है?	☐ Within 5 km / 5 किमी के अंदर ☐ 5 – 20 km / 5 – 20 किमी ☐ 20 – 50 km / 20 – 50 किमी ☐ 50 – 100 km / 50 – 100 किमी

		☐ More than 100 km / 100 किमी से अधिक
10	Type of location निवास का प्रकार	☐ Rural (ग्रामीण) ☐ Urban (शहरी) ☐ Tribal (आदिवासी क्षेत्र) ☐ Remote/hard-to-reach (दूरस्थ क्षेत्र)
11	What mode of transport did you use to reach the hospital? आप अस्पताल तक पहुँचने के लिए किस साधन का उपयोग करते हैं?	☐ Walking / पैदल ☐ Bicycle / साइकिल ☐ Two-wheeler / दोपहिया ☐ Auto / Rickshaw / ऑटो Bus / बस ☐ Train / ट्रेन ☐ Ambulance / एम्बुलेंस ☐ Other (specify)
12	Is transport easily available from your village/area? क्या आपके गाँव/क्षेत्र से परिवहन सुविधा आसानी से उपलब्ध है?	☐ Yes ☐ No ☐ Sometimes / कभी-कभी
13	What is the approximate cost of transport (one way)?	
14	Your main occupation? व्यवसाय/उपजीविका	☐ Homemaker (Housewife) / गृहिणी ☐ Farmer / शेतकरी ☐ Daily Wage Laborer / मजूर (दैनिक वेतनधारक) ☐ Self-employed / स्वयंरोजगार ☐ Salaried Employee / पगारदार कर्मचारी ☐ Other (Specify) / इतर
15	Monthly household income मासिक पारिवारिक आय	☐ Below ₹5,000 (₹5,000 से कम) ☐ ₹5,000–₹10,000 ☐ ₹10,001–₹20,000 ☐ Above ₹20,000 (₹20,000 से अधिक)
16	What are the major eye health problems faced by you? आप या आपके समुदाय को आंखों से जुड़ी कौन-कौन सी प्रमुख समस्याएं हैं?	☐ Cataract (मोतियाबिंद) ☐ Refractive error (चश्मे की समस्या)

		☐ Eye infections (आंखों का संक्रमण) ☐ Night blindness (रात में दिखाई न देना) ☐ Digital eye strain (मोबाइल/स्क्रीन से समस्या) ☐ Other:
17	Before intervention, what difficulties did you face in accessing eye care services? इस हस्तक्षेप से पहले आंखों के इलाज में किन कठिनाइयों का सामना करना पड़ता था?	☐ No nearby facility (पास में सुविधा नहीं) ☐ High cost (अधिक खर्च) ☐ Lack of awareness (जानकारी की कमी) ☐ Transport issues (आवागमन की समस्या) ☐ Long waiting time (लंबा इंतजार) ☐ Other:
18	Were financial constraints a barrier for treatment? क्या आर्थिक समस्या बाधा थी?	☐ Yes ☐ No
19	How much did you spend on treatment (including surgery, medicines, travel)? उपचार (ऑपरेशन, दवा, यात्रा आदि) पर आपका कुल खर्च कितना हुआ?	
20	Did you lose any income due to treatment (rest period, hospital visit)? If yes, approximate income loss during treatment period क्या उपचार के कारण आपकी आय में अस्थायी कमी हुई? यदि हाँ, तो उपचार के दौरान लगभग कितनी आय का नुकसान हुआ?	
21	Main causes of eye problems in your understanding आंखों की समस्याओं के मुख्य कारण क्या हैं?	☐ Ageing (बुढ़ापा) ☐ Poor nutrition (पोषण की कमी) ☐ Lack of treatment (इलाज की कमी) ☐ Screen exposure (स्क्रीन का अधिक उपयोग) ☐ Environmental factors (पर्यावरण) ☐ Other (अन्य)
22	What services have you received under the RNY program? आपको इस कार्यक्रम के तहत कौन-कौन सी सेवाएं प्राप्त हुई हैं?	☐ Eye screening (आंखों की जांच) ☐ Cataract surgery (मोतियाबिंद सर्जरी) ☐ Spectacles provided (चश्मा प्रदान किया गया)

		☐ Awareness program (जागरूकता कार्यक्रम) ☐ Referral services (रेफरल सेवा) ☐ Other:
23	How would you rate the accessibility of services? आप सेवाओं की उपलब्धता को कैसे आंकते हैं?	☐ Difficult (कठिन) ☐ Moderate (मध्यम) ☐ Easy (आसान)
24	Did you receive follow-up care after treatment? क्या आपको उपचार के बाद फॉलो-अप सेवा मिली?	☐ Yes ☐ No
25	How satisfied are you with the services received? आप प्राप्त सेवाओं से कितने संतुष्ट हैं?	☐ Dissatisfied (असंतुष्ट) ☐ Neutral (सामान्य) ☐ Satisfied (संतुष्ट)
26	What benefits have you experienced after the	☐ intervention? हस्तक्षेप के बाद आपको क्या लाभ हुए हैं? ☐ Improved vision (दृष्टि में सुधार) ☐ Reduced eye problems (आंखों की समस्या कम हुई) ☐ Increased productivity/work efficiency (काम करने की क्षमता बढ़ी) ☐ Improved quality of life (जीवन की गुणवत्ता बेहतर हुई) ☐ Increased independence (स्वतंत्रता बढ़ी) ☐ No benefit (कोई लाभ नहीं) ☐ Other:
27	Has your work or income-generating ability improved? क्या आपके काम या आय अर्जित करने की क्षमता में सुधार हुआ है?	☐ Yes (हाँ) ☐ No (नहीं) ☐ Not applicable (लागू नहीं)
28	What was your average monthly income before treatment? उपचार से पहले आपकी औसत मासिक आय कितनी थी?	
29	What is your average monthly income after treatment? उपचार के बाद आपकी वर्तमान औसत मासिक आय कितनी है?	
30	Do you need less support from others for daily activities? क्या अब आपको दैनिक कार्यों के लिए दूसरों पर कम निर्भर रहना पड़ता है?	☐ Yes ☐ No ☐ Sometimes

31	Before the surgery, how many workdays did you typically lose in a month because of your vision problem? सर्जरी से पहले, दृष्टि संबंधी समस्या के कारण आप सामान्यतः एक महीने में कितने कार्यदिवस (काम के दिन) खो देते थे?	
32	Compared with before surgery, approximately how many additional workdays are you able to work each month now? सर्जरी से पहले की तुलना में, अब आप प्रति माह लगभग कितने अतिरिक्त दिन काम कर पाते हैं?	
33	What is your current average income per working day? वर्तमान में आपकी प्रति कार्यदिवस औसत आय कितनी है?	
34	Change in awareness level after eye care intervention कार्यक्रम के बाद आपकी जागरूकता में क्या बदलाव आया है?	☐ Yes ☐ No
35	What challenges did you face in accessing eye care services? आपको आंखों की सेवाएं प्राप्त करने में किन कठिनाइयों का सामना करना पड़ा?	☐ Long distance to facility (लंबी दूरी) ☐ High cost (अधिक खर्च) ☐ Lack of awareness (जानकारी की कमी) ☐ Transport issues (आवागमन की समस्या) ☐ Cultural/social barriers (सामाजिक/सांस्कृतिक बाधाएं) ☐ Fear of surgery (सर्जरी का डर) ☐ Lack of family support (परिवार का सहयोग नहीं) ☐ Other:
36	What helped you overcome these challenges? इन समस्याओं को दूर करने में किसने मदद की?	☐ Free/subsidized services (मुफ्त/सस्ती सेवाएं) ☐ Eye check up camp (शिविर) ☐ Support from community worker (समुदाय कार्यकर्ता की मदद) ☐ Transport support (यातायात सहायता) ☐ Family/community support (परिवार/समुदाय का सहयोग)

Additional Impact report

Section A: Strategic Intent and Planning

A1. What is the social or environmental challenge the organization and/or the instrument listed is addressing? Has this changed in the last year?

The impact assessment survey conducted by VFI for the year 2025-26 through external consultant shows that these barriers remain significant. Cataract-related blindness continues to be one of the leading causes of visual disability, particularly among older adults, rural communities, tribal populations, and low-income households. These people face significant barriers in accessing timely and affordable eye care due to financial constraints, inadequate awareness, limited availability of specialized eye care services, geographical remoteness, and transportation challenges.

The 2025–26 impact assessment conducted by an external consultant confirms the continued prevalence of these barriers. Prior to receiving services, 72.6% of beneficiaries reported the absence of nearby eye care facilities, 64.4% cited the high cost of treatment, 39.2% lacked awareness of available services, and 28.5% experienced transportation-related difficulties. Additionally, 92.9% identified financial constraints as a major obstacle to accessing treatment. Cataract accounted for 99.6% of the eye conditions among programme beneficiaries, reaffirming the need for large-scale cataract screening and surgical interventions.

Through community-based screening camps, referral services, free cataract surgeries, transportation support, patient counselling, and post-operative follow-up, VFI addresses both the medical and socio-economic dimensions of avoidable blindness. The programme contributes to restoring vision, improving independence and quality of life, enhancing livelihood opportunities, reducing disability, and promoting social inclusion among vulnerable populations.

Has this changed in the last year?

No. The underlying social challenge has not materially changed during the reporting period. The findings from the 2025–26 impact assessment indicate that the barriers to accessing quality eye care remain substantial, particularly among rural, remote, tribal, elderly, and economically disadvantaged populations. Financial hardship, inadequate access to nearby eye care facilities, limited awareness, and transportation constraints continue to prevent timely treatment.

The continued predominance of cataract among beneficiaries (99.6%) and the high proportion reporting access and affordability challenges demonstrates that the need for accessible,

affordable, and community-based eye care services remains significant. These findings reaffirm the continued relevance of VFI's outreach-based service delivery model and the sustained demand for its interventions.

A2. How is the organization attending to the challenge or planning to attend to the challenge? Has this changed in the last year?

VFI addresses avoidable blindness using a comprehensive, community-based, and partnership-driven model of eye care delivery. The programme proactively reaches underserved populations through decentralized eye screening camps organized in collaboration with associate hospitals, local NGOs, community-based organizations, and grassroots workers. Individuals diagnosed with cataract or other eye conditions are referred to associate hospitals where they receive free or subsidized diagnostic services, cataract surgery, medicines, patient counselling, transportation support (where required), and post-operative follow-up care

The 2025–26 impact assessment demonstrates the effectiveness of this approach in improving access to eye care among vulnerable populations. The major enabling factors reported by beneficiaries included free or subsidized treatment (94.9%), eye screening camps (80.1%), support from community workers (61.9%), and transportation assistance (59.7%). These findings indicate that the programme simultaneously addresses financial, geographical, and informational barriers to accessing eye care

The assessment also highlights that the programme extends beyond clinical services by promoting community awareness on eye health, encouraging early treatment-seeking behaviour, strengthening community participation, and ensuring continuity of care through systematic follow-up. High beneficiary satisfaction (98.2%) and post-operative follow-up (98.7%) further demonstrate the effectiveness of VFI's integrated service delivery model.

Has this changed in the last year?

There has been no material change in VFI's implementation model during the reporting period. The organization has continued to implement its established community outreach and referral-based approach through partnerships with associate hospitals. The 2025–26 impact assessment confirms that the existing implementation model remains effective in reaching underserved populations and facilitating timely access to quality eye care services. Feedback from associate hospitals further suggests opportunities to strengthen programme delivery through additional outreach camps in remote areas, enhanced awareness initiatives, improved logistical support, and stronger post-operative follow-up systems

A.3 Who is being impacted (target segment)? Has this changed in the last year?

VFI through primarily serves individuals who face significant barriers in accessing affordable and quality eye care services. The programme targets economically vulnerable and underserved populations that are disproportionately affected by avoidable blindness and visual impairment due to financial, geographical, and social disadvantages.

The 2025–26 impact assessment indicates that the programme predominantly benefits older adults, economically weaker households, rural communities, tribal populations, residents of remote and hard-to-reach areas, women, daily wage earners, informal sector workers, and other socially marginalized groups. These populations often have limited access to specialized eye care services, low awareness of eye health, financial constraints, and transportation difficulties, making them particularly vulnerable to untreated cataract and other avoidable eye conditions.

The assessment further shows that a substantial proportion of beneficiaries belong to low-income households and are engaged in agriculture, daily wage labour, self-employment, or other informal occupations. Case studies also demonstrate the programme's inclusive reach, covering elderly widows, tribal communities, migrant workers, domestic workers, construction labourers, electricians, farm labourers, and individuals living in informal settlements. Survey from associate hospitals confirms that these vulnerable groups constitute the primary beneficiaries of the programme.

Has this changed in the last year?

No. There has been no material change in the programme's target segment during the reporting period. The 2025–26 impact assessment indicates that VFI continues to prioritize the same vulnerable and underserved populations, including rural, tribal, economically weaker, elderly, and socially marginalized communities that face the greatest barriers to accessing quality eye care services. The findings demonstrate that the programme has strengthened its outreach among these priority groups rather than shifting its beneficiary focus, thereby continuing to promote equitable access to eye care and social inclusion

A.4 What will be the outcomes of the activities, intervention, programmes or projects? Disclosure should include positive and potential unintended negative outcomes.

The VFI eye care services generate sustainable improvements in visual health, functional ability, socio-economic well-being, and quality of life among beneficiaries by ensuring timely access to affordable eye care services. The impact assessment demonstrates that the programme has generated multiple positive outcomes extending beyond restoration of vision, contributing to broader social and economic development.

The most immediate outcome of the intervention is the restoration of functional vision through early diagnosis, cataract surgery, and comprehensive post-operative care. Nearly all beneficiaries (99.6%) reported improvement in vision following treatment, while 76.5% experienced a reduction in eye-related health problems. These findings indicate that the programme has been highly successful in achieving its primary objective of reducing avoidable visual impairment.

Beyond clinical improvements, the programme has generated substantial improvements in beneficiaries' quality of life. More than half of the respondents (56.9%) reported an improved quality of life, while 47.8% experienced greater independence in performing daily activities. Beneficiaries described increased confidence in travelling independently, participating in family life, and undertaking routine household activities without assistance. These findings demonstrate that the intervention contributes significantly to restoring dignity, autonomy, and social inclusion.

The programme has also produced measurable economic benefits. Approximately 64.2% of beneficiaries reported increased productivity or improved work efficiency after treatment, while 89.2% indicated an improvement in their income-generating ability. The comparison of average monthly income before and after treatment further shows an increase in average earnings, suggesting that improved vision enabled beneficiaries to resume work, perform occupational tasks more effectively, and reduce productivity losses associated with visual impairment. These outcomes are particularly important for daily wage earners, farmers, domestic workers, electricians, and self-employed individuals whose livelihoods depend directly on functional vision.

In addition, the intervention has substantially improved awareness regarding eye health and preventive practices. Approximately 97.8% of respondents reported increased awareness following participation in the programme, reflecting the effectiveness of community awareness activities and counselling in promoting timely health-seeking behaviour.

The programme has also strengthened access to healthcare by reducing financial and geographical barriers. Beneficiaries identified free or subsidized treatment, community outreach camps, transportation support, and assistance from community workers as the key enabling factors facilitating access to services. The high levels of patient satisfaction (98.2%) and post-operative follow-up (98.7%) further demonstrate the effectiveness of VFI's patient-centred service delivery model.

Potential unintended negative outcomes

While the overall impact of the programme is overwhelmingly positive, the assessment identified a few temporary unintended challenges associated with accessing treatment. Some beneficiaries experienced short-term income loss during the treatment and recovery period because they were unable to work while undergoing surgery. Beneficiaries also incurred transportation expenses, particularly those travelling from remote areas, and some family members had to accompany patients, resulting in temporary opportunity costs. Hospital stakeholders additionally highlighted operational challenges such as increased workload during high-volume outreach camps, transportation difficulties for elderly patients, and the need for stronger follow-up systems.

However, these unintended effects are relatively limited and are substantially mitigated through free surgical treatment, transport assistance, community mobilisation, outreach camps, counselling, and structured follow-up care provided under the programme.

The impact assessment demonstrates that the programme generates substantial and multidimensional social impact by restoring vision, improving health outcomes, increasing economic productivity, strengthening independence, enhancing awareness, and improving the overall quality of life among vulnerable populations while effectively minimizing unintended negative consequences through comprehensive support mechanisms

SECTION B: APPROACH

B1. What is the baseline status / situation analysis / context description at the start of the activity/intervention/programmes or project and at the end of the last reporting period?

The economically vulnerable and underserved populations faced a high burden of avoidable blindness and visual impairment, with cataract being the predominant eye condition. Access to affordable and quality eye care services was limited, particularly in rural, tribal, and remote areas where specialized eye care facilities were either unavailable or difficult to access.

The 2025–26 impact assessment, based on beneficiary recall and institutional feedback, indicates that beneficiaries encountered multiple barriers before accessing programme services. The absence of nearby eye care facilities (72.6%), high treatment costs (64.4%), lack of awareness regarding available eye care services (39.2%), and transportation-related challenges (28.5%) significantly delayed or prevented treatment. In addition, 92.9% of beneficiaries reported financial constraints as a major barrier to accessing eye care. Untreated visual impairment

adversely affected beneficiaries' mobility, independence, productivity, livelihood opportunities, and overall quality of life.

What was the status at the end of the last reporting period?

By the end of the 2025–26 reporting period, the VFI had substantially improved access to eye care and reduced many of the barriers experienced by beneficiaries. Through community-based screening camps, referrals, free or subsidized cataract surgeries, transportation support, counselling, and post-operative follow-up, the programme enabled timely diagnosis and treatment for underserved populations.

The impact assessment demonstrates significant improvements in beneficiaries' vision, access to eye care services, productivity, ability to undertake income-generating activities, independence, awareness of eye health, and overall quality of life. High beneficiary satisfaction (98.2%) and strong post-operative follow-up (98.7%) further indicate the effectiveness of the programme in delivering quality eye care services and ensuring continuity of care. These outcomes demonstrate measurable progress from the baseline situation while reaffirming the continued need for outreach-based eye care services among vulnerable communities.

B2. What has been the past performance trend? (If relevant)

The impact assessment indicates that VFI has maintained consistent progress in expanding access to quality eye care services while strengthening institutional service delivery mechanisms. Discussions with associate hospitals and programme stakeholders suggest continued improvements in outreach activities, patient mobilization, quality of clinical care, and operational efficiency during the reporting period.

Hospital data indicate increased outreach through community eye screening camps, expanded collaboration with local NGOs and grassroots organizations, improved patient referral systems, and greater emphasis on awareness generation. These improvements have contributed to increased patient participation and earlier identification of cataract cases.

Another Pan India survey conducted by the VFI reports (Nippon CSR impact survey, 2025-26) the substantial improvements in clinical outcomes. A comparison of beneficiaries' vision status before and after cataract surgery shows a significant improvement in visual acuity. Prior to surgery, 67.1% of beneficiaries had poor vision, while only 4.2% had good vision. Following surgery, the proportion of beneficiaries with good vision increased dramatically to 89.0%. These findings clearly demonstrate the effectiveness of the programme in restoring vision and improving beneficiaries' functional ability.

Institutional respondents further observed improvements in service delivery efficiency through better infrastructure, enhanced clinical protocols, strengthened infection prevention and control practices, and greater emphasis on patient safety and post-operative follow-up. Increased collaboration with government agencies, community organizations, and local health workers has further strengthened programme implementation. Overall, the evidence suggests a positive performance trend in both programme delivery and beneficiary outcomes, reinforcing the effectiveness and continued relevance of the RNY programme.

B3. What is the solution implementation plan and the measures taken for sustainability of activity/intervention/programmes or project outcomes? Has there been any material change in your implementation model in the last one year?

The implementation pathway begins with community awareness and mobilization activities, followed by eye screening camps conducted in partnership with associate hospitals, local NGOs, community workers, and grassroots institutions. Individuals diagnosed with cataract or other eye conditions are referred to associate hospitals for comprehensive eye examination, free or subsidized cataract surgery, medicines, counselling, and post-operative follow-up care.

The 2025–26 impact assessment demonstrates that the programme's sustainability is supported through strong institutional partnerships with associate hospitals, community-based organizations, and government stakeholders and CSRs. Regular community outreach and awareness activities encourage early identification of eye conditions and promote timely treatment-seeking behaviour. Standardized clinical protocols, systematic referral mechanisms, and structured post-operative follow-up help ensure continuity and quality of care.

The assessment also highlights high beneficiary satisfaction (98.2%) and post-operative follow-up (98.7%), indicating that the programme not only delivers immediate treatment but also strengthens long-term eye health outcomes. Feedback from associate hospitals recommends expanding outreach camps in remote areas, strengthening awareness initiatives, enhancing logistical support, and further improving follow-up systems to sustain and scale programme outcomes.

Has there been any material change in your implementation model in the last one year?

No. There has been no material change in the implementation model during the reporting period. The programme has continued to follow its established community outreach, screening, referral, surgical treatment, and follow-up approach in collaboration with associate hospitals and community partners. The 2025–26 impact assessment confirms that this implementation model remains effective in improving access to quality eye care among underserved populations.

Recommendations emerging from the assessment are aimed at strengthening programme delivery and operational efficiency rather than altering the fundamental implementation model.

B4. Material changes in your implementation model in the last one year

The impact assessment indicates that the core implementation model of the VFI has remained consistent during the reporting period. The programme continues to follow its established community-based approach involving eye screening camps, beneficiary mobilization, referral to associate hospitals, cataract surgeries, post-operative care, and awareness generation. Rather than introducing major structural changes, VFI has focused on strengthening the existing implementation model through improvements in service delivery, institutional coordination, patient support systems, and beneficiary feedback mechanisms.

Key improvements observed during the reporting period include:

- Continued expansion of community-based eye screening camps to identify beneficiaries at an earlier stage.
- Improved patient counselling and awareness activities, leading to increased acceptance of cataract surgery.
- Strengthened post-operative follow-up mechanisms to ensure better treatment outcomes.
- Greater emphasis on patient-centred service delivery, including transport assistance and community support for vulnerable beneficiaries.
- Strengthening of beneficiary feedback systems to improve service quality and programme accountability. The assessment found that 73.7% of associate hospitals have established formal feedback mechanisms to capture beneficiary experiences and identify areas for improvement. Among these hospitals, 87% collect verbal feedback, 76% use phone calls, SMS, or WhatsApp, 58% use feedback forms, 45% maintain suggestion boxes, 37% conduct satisfaction surveys, 32% operate grievance desks or helplines, and 21% use digital platforms or online feedback forms. These multiple feedback channels have enhanced responsiveness to beneficiary needs and contributed to continuous quality improvement in programme implementation.

B5. Please brief out alignment of solution to Sustainable Development Goals (SDGs)/National Priorities/State Priorities/Developmental Priorities.

The findings of the impact assessment establish that the programme contributes directly to several Sustainable Development Goals and aligns with national and states priorities related to eye health

SDG/ States Priorities	Policy Objective	Alignment with VFI Eye Care Service
SDG 3	Good Health and Well-being	The programme is reducing avoidable blindness and improving visual health among vulnerable populations

SDG 1	No Poverty	Restoration of vision enables beneficiaries to return to work, improve productivity and regain their earning capacity. The programme reduces financial hardship associated with untreated blindness
SDG 8	Decent Work and Economic Growth	Improved eyesight enhances work efficiency, occupational productivity and livelihood opportunities, particularly for daily wage earners, farmers, domestic workers and self-employed beneficiaries
SDG 10	Reduced Inequalities	The programme specifically targets rural, tribal, elderly, women, economically weaker households and socially marginalized populations who otherwise have limited access to specialized eye care services.
SDG 4	Quality Education	Paediatric eye care services could directly link to the educational attainment of the children
National Programme for Control of Blindness and Visual Impairment (NPCBVI)	Reduce avoidable blindness through early detection, cataract surgeries, community outreach and equitable eye care services.	VFI complements NPCBVI objectives by organizing community eye screening camps, facilitating cataract surgeries, strengthening referrals, improving accessibility and providing post-operative follow-up for underserved populations.
National Health Policy (2017)	Achieve Universal Health Coverage by ensuring equitable, affordable and quality healthcare.	By providing free or subsidized eye care services and reducing financial and geographical barriers, the programme promotes equitable access to quality healthcare for economically disadvantaged population
Ayushman Bharat	Universal Health Coverage	The programme strengthens community-level identification, referral, treatment and follow-up of beneficiaries, thereby supporting the broader objective of universal access to healthcare.
Rashtriya Netra Jyoti Abhiyan	Eliminate the backlog of cataract blindness through large-scale screening, timely surgery, community mobilization access to eye care services.	VFI supports this priority by conducting community eye screening camps, identifying cataract patients, facilitating free surgeries through associate hospitals, improving awareness, reducing treatment barriers and ensuring post-operative follow-up. These interventions contribute towards reducing avoidable blindness among underserved people

B6. How have you taken into consideration stakeholder feedback in this reporting period?

VFI follows a participatory approach to programme implementation by actively seeking and incorporating feedback from key stakeholders, including beneficiaries, associate hospitals, programme staff, community workers, and implementation partners. During the reporting period, beneficiary feedback was collected through interviews conducted as part of the impact assessment. The assessment captured stakeholders' experiences regarding accessibility,

affordability, quality of services, follow-up care, overall satisfaction, and suggestions for improvement. The findings indicated very high levels of beneficiary satisfaction, while also providing valuable recommendations to further strengthen service delivery.

Feedback from associate hospitals was obtained to understand the patient feedback mechanisms adopted at the institutional level. Most hospitals reported collecting verbal feedback during consultation and discharge (86.8%) and through telephone follow-up (76.3%). Written feedback forms (57.9%) and suggestion boxes (44.7%) were commonly used. Furthermore, hospitals reported using structured feedback systems such as patient satisfaction surveys (36.8%), grievance redressal mechanisms (31.6%), and digital feedback platforms (21.1%).

The feedback received from beneficiaries and partner hospitals is regularly reviewed and used to improve programme planning, strengthen patient follow-up systems, enhance beneficiary experience, and improve the overall quality and effectiveness of eye care services.

B7. In the last year, what have you seen as the biggest risks to the achievement of the desired impact? How are these being mitigated?

The 2025–26 impact assessment identified several beneficiary-level, operational, and contextual risks that could affect the achievement of the programme's intended social impact. At the beneficiary level, delayed treatment-seeking behaviour remains a significant risk due to financial constraints, fear of cataract surgery, inadequate awareness regarding eye health and available treatment options, and limited family support. These factors often result in delayed diagnosis and progression of avoidable visual impairment.

Geographical barriers continue to affect programme reach, particularly among rural, tribal, and remote populations where access to specialized eye care facilities is limited. Transportation challenges and travel-related costs further reduce the utilization of eye care services by economically vulnerable beneficiaries.

From an implementation perspective, associate hospitals identified operational risks such as limited resources for conducting outreach activities, increasing demand for eye care services, logistical challenges during the organization of screening camps, and the need to further strengthen post-operative follow-up systems to ensure continuity of care.

How are these risks being mitigated?

VFI has adopted a range of measures to mitigate these risks and improve programme effectiveness. These include organizing community-based eye screening camps closer to

underserved populations to improve accessibility; providing free or subsidized cataract surgeries to reduce financial barriers; offering transportation support, where feasible, to facilitate access to treatment; and conducting beneficiary counselling to address misconceptions and reduce fear associated with cataract surgery.

In addition, VFI collaborates closely with associate hospitals, local NGOs, community workers, and grassroots institutions to strengthen community mobilization, increase awareness of eye health, and encourage early treatment-seeking behaviour. Institutional partnerships, standardized referral mechanisms, and systematic post-operative follow-up further enhance programme coverage, service quality, and continuity of care, thereby reducing operational risks and supporting the achievement of long-term programme outcomes.

SECTION C: IMPACT SCORE CARD

C1. What are the metrics monitored and what has been the trend?

VFI has adopted a multidimensional framework for monitoring programme performance and impact of programme. The impact assessment shows that the programme monitors indicators across the entire results chain, including service delivery, accessibility, treatment outcomes, beneficiary satisfaction, economic impact, awareness generation, and quality of life improvements etc.

The assessment indicates that programme performance extends beyond measuring the number of surgeries conducted. Instead, it evaluates whether the intervention has improved beneficiaries' health, productivity, independence, and socio-economic well-being. Both quantitative and qualitative evidence collected from beneficiaries and associate hospitals that confirms the programme has generated significant positive outcomes across multiple dimensions.

The following impact metrics were assessed during the study.

Metric Monitored	Findings / Trend
Follow-up Care	98.7% of beneficiaries reported receiving post-operative follow-up care
Patient Satisfaction	98.2% of beneficiaries expressed satisfaction with the services received, reflecting high service quality and patient-centred care.
Improvement in Vision	99.6% of beneficiaries reported improved vision following treatment, demonstrating successful clinical outcomes.
Reduction in Eye-related Problems	76.5% reported a reduction in eye-related health problems after treatment.

Improvement in Productivity	64.2% experienced improved work efficiency and productivity after treatment, enabling them to resume occupational activities.
Improvement in Quality of Life	56.9% reported an improved quality of life due to restored vision and increased mobility.
Improvement in Independence	47.8% became more independent in carrying out daily activities without assistance.
Improvement in Income-generating Ability	89.2% reported an improvement in their ability to earn a livelihood after treatment.
Increase in Monthly Income	Average monthly income increased after treatment from 4900 to 5500
Increase in Awareness	97.8% of beneficiaries reported improved awareness regarding eye health and preventive practices
Reduction in Financial Barriers	Free or subsidized services significantly reduced financial barriers that previously prevented treatment
Community Outreach Effectiveness	Eye camps and community mobilisation were identified as the major enabling factors for accessing treatment
Long-term Social Impact	Case studies demonstrated restored livelihoods, increased confidence, improved family participation, enhanced mobility, and better social inclusion.

Conclusion

The Impact Assessment of Vision Foundation of India's programme for 2025–26 demonstrates that the programme has made a significant and measurable contribution towards reducing avoidable blindness and improving access to quality eye care among economically vulnerable and underserved populations across India. The findings indicate that the programme has successfully addressed critical barriers related to affordability, accessibility, awareness, and availability of eye care services through its community-based outreach model and strong network of associate hospitals. The assessment reveals substantial improvements in beneficiaries' vision, independence, mobility, productivity, livelihood opportunities, and overall quality of life following cataract surgery and related eye care services. High levels of beneficiary satisfaction, effective post-operative follow-up, and positive feedback from associate hospitals further validate the quality and effectiveness of programme implementation. The study also highlights that the programme has generated broader social and economic benefits by reducing eye problem, enhancing social participation, improving household well-being, and restoring the dignity and self-reliance of beneficiaries.

While the findings reaffirm the continued need for community-based eye care interventions, they also identify opportunities to further strengthen programme delivery through expanded outreach in remote and underserved areas, enhanced awareness generation, improved transportation support, and stronger post-operative follow-up mechanisms. Building on its proven implementation model and collaborative partnerships, Vision Foundation of India is well positioned to deepen its impact and contribute towards the national goal of eliminating avoidable blindness and ensuring equitable access to quality eye care for all