

Name of social enterprise: Sankara Eye Care

Mission: Eliminate curable blindness across India

Webpage: <http://www.sankaraeye.com> and <http://www.giftofvision.org/about-us>

GSBI (2014) business plan presentation: <http://www.scu.edu/socialbenefit/events/investor-showcase.cfm>

Headquarters: Coimbatore

Location(s) of research: regions around Coimbatore and Bangalore

Sankara Eye Care Institutions has a network of 14 super specialty hospitals in eight states across south, west and north India. **Sankara is the largest free eye care provider in the world.** The Sankara team comprises of 125 doctors, 600 paramedical professionals, 275 support staff working across India. Sankara has increased access to quality eye care to over 40 million people and conducted more than 1.2 million free eye surgeries over its more than 35 year history.

Sankara offers full range of eye care services at all of its hospitals including treatment for cataract, refractive errors, glaucoma, corneal blindness, posterior segment disorders, laser vision correction, diabetic retinopathy, ocular oncology, pediatric ophthalmology, and eye banking, among others. Sankara also implements large scale preventative vision screening programs for low income children.

Sankara's rural outreach service delivery model - Sankara's service delivery to the rural poor is based on an outreach model with a super specialty tertiary eye care base hospital located in a tier 2 city that geographically caters to all the villages located within its 200-300 km radius. Sankara's field workers go door to door to the rural villages to perform first level vision screening to identify people with visual impairment. These patients are then screened and further evaluated by Sankara doctors at eye camps conducted by Sankara at or near the village. Those needing surgery and further treatment are taken to the base hospital in Sankara buses. Patients stay at the base hospital for 3 days, and are provided accommodation, comprehensive medical examination, surgery, medicines, and food completely free of cost. After successful treatment, the patients are transported back to their villages and systematic follow-up is done after 30 days to ensure that patients have had successful recovery. Additionally, an external audit is conducted bi-annually by a third party evaluator on both the medical and economic impact of Sankara's interventions.

The key to Sankara's scalable model is its **high leverage cross subsidy model** – 80% rural poor are served for free with revenues derived from 20% of its paid patients.

In the next five years, Sankara is all set to expand to Rajasthan, Chhattisgarh, Madhya Pradesh, Bihar and Odisha – some of the poorest states in India.

Action research products needed:

1. An enhanced set of qualitative patient case studies to document the transformative impact of eye care provided. The enterprise has in place a post-surgery survey to gather quantitative social impact data. The enterprise has requested patient profiles, case studies, and narrative social impact presentations be written to be used on their webpages, in their annual reports, and in presentations to donors. In home interviews would be conducted in the regions around these two hospitals, along with taking photos and recording videos.
2. At present, diagnostic and demographic data during the field survey and eye camps are gathered using pencil and paper. Sankara is collaborating with the [Frugal Innovation Lab](#) to develop mobile apps to make this process more efficient and effective. Sankara has asked for a student with technical skills to conduct a field based technology assessment of this app.

Students would be housed in the guest housing of one of the two hospitals above, and work closely with the communications and IT departments of these hospitals. Sankara would arrange for transportation and translation as needed to visit patients for interviews.

Student skills needed: public health science, anthropology, communication, excellent writing, photography, videography, and computer science/mobile applications.

Keywords: frugal health technologies, social impact qualitative, social impact assessment quantitative, ethnographic field work, interviewing methodologies, eye health, medical anthropology.