Case Study on Draft Social Impact Assessment Standard (SAS) 200

Promoting Healthcare, Including Mental Healthcare, Sanitation, and Safe Drinking Water

ABC Foundation's Eye Health Initiative in Rural India

ABC Foundation launched a project focused on improving eye healthcare in rural India, addressing cataract-related blindness—a major public health concern. The initiative aimed to provide free eye screenings, cataract surgeries, and awareness campaigns about eye health in underserved communities.

To implement the project, ABC Foundation partnered with local governments, healthcare providers, and corporate donors. Mobile eye health camps were established in rural areas, offering free screenings to identify cataracts and other eye conditions. Diagnosed individuals were referred for free surgeries at partnering hospitals, performed by experienced ophthalmologists, with post-surgery follow-up care provided.

The project achieved significant impact, screening over 50,000 individuals and performing 5,000 cataract surgeries in its first year. Thousands of beneficiaries, particularly the elderly, regained their vision, enhancing their quality of life. Many reported greater independence and dignity, enabling them to resume daily activities like reading and cooking. The initiative also boosted awareness of regular eye check-ups, encouraging timely medical care.

Despite challenges, such as accessing remote areas and overcoming cultural resistance to treatments, ABC Foundation deployed mobile units and collaborated with local leaders to build trust. Sustainability was strengthened through partnerships with government bodies and healthcare providers, creating a scalable model.

ABC Foundation's project effectively tackled eye health issues in rural India, restoring sight to thousands and promoting long-term health awareness. Its success highlights the value of collaboration among NGOs, corporates (via CSR funding), and communities in addressing critical health challenges.

Section I: Introduction

In India, access to quality eye healthcare remains a significant challenge, especially in rural and underserved regions. Despite resource and infrastructure limitations, ABC Foundation's eye healthcare project has delivered remarkable outcomes. Thousands of individuals have received free cataract surgeries, restored vision and substantially improved their quality of life. Through community engagement and sustained efforts, the project has raised awareness about eye health, particularly cataracts, among marginalized populations. While systemic reforms and increased government support are crucial for long-term sustainability, this case study illustrates how targeted initiatives, supported by local involvement, can effectively address rural healthcare issues.

Objective and Scope

The objective of this evaluation is to assess the social and health impact of ABC Foundation’s eye healthcare project, which provides free cataract surgeries in rural India. The study evaluates the program's effectiveness in enhancing healthcare access, improving beneficiaries' quality of life, and raising eye health awareness. It also examines implementation challenges and identifies strategies for scaling and sustaining the project.

The scope includes quantitative and qualitative analyses via field data, desk reviews, and stakeholder consultations. These measure improvements in eye health, surgery numbers, and overall community well-being.

Section II: Evaluation of Social Impact

Data Collection

Data was gathered from key stakeholders to assess the impact and challenges of the CSR project. Stakeholders included:

- **Direct Beneficiaries**: Individuals who underwent cataract surgeries and their families, providing insights into health outcomes, surgery effectiveness, and life impacts.
- **Implementing Team**: Healthcare providers, NGO staff, and field teams overseeing camps, offering perspectives on operational challenges, resource use, and mobile unit effectiveness.
- **Local Government Representatives**: Panchayat members and district officials facilitating community access and resource allocation.
- **NGOs and Healthcare Partners**: Organizations involved in delivery, sharing broader insights on challenges and best practices for eye care in remote areas.

Methods included Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), and quantitative surveys, yielding qualitative insights and numerical data on reach, effectiveness, and community perceptions.

A 5% sample of beneficiaries—comprising surgery recipients and screening participants—was selected across 20 villages. Data collection involved:

- Desk reviews of program reports and documentation.
- Field visits to health camps and partnering hospitals.
- Personal interviews and group discussions with stakeholders.

Desk Review

A desk review of existing documents offered insights into ABC Foundation's eye healthcare project. Reviewed materials included:

- Reports on eye health and cataract prevalence, detailing vision impairment in rural India.
- Annual reports from partner healthcare providers, covering surgeries, beneficiary demographics, and outcomes.
- Program evaluation reports, including patient feedback and success stories.
- Photographs and case studies, visually documenting surgeries, camps, and beneficiaries' journeys.
- Data on cataract surgeries and follow-ups, recording procedures, care, and recovery.
- Policies and community engagement documents, outlining partnerships, CSR guidelines, and community roles.

Inspection and Personal Interviews

Physical inspections and stakeholder interviews evaluated project delivery and impact. Inspections covered:

- Visits to eye camps and partner hospitals, observing healthcare processes, infrastructure, and procedures.
- Interactions with beneficiaries, collecting feedback on social and health impacts.

Comprehensive methods included*:*

- 20 Focus Group Discussions (FGDs) with beneficiaries, community leaders, and healthcare workers.
- 10 Key Informant Interviews (KIIs) with doctors, NGO staff, and government representatives.
- 500 quantitative surveys with patients, caregivers, and providers, assessing satisfaction, outcomes, and community responses.

Evaluation Questions

The evaluation addressed these key questions:

1. How effective was the project in improving access to eye healthcare in rural India?
2. What were the health outcomes for individuals who received cataract surgeries?
3. How did the program influence community awareness and health-seeking behaviour?
4. What role did local communities and healthcare providers play in the project's success?
5. How sustainable is the initiative for long-term rural health benefits?

Key Metrics for Evaluation

The social impact assessor reviewed project documents to establish evaluation criteria. Metrics were analysed using baseline, mid-line, and end-line assessments:

(a) **Demography**: Financial and social background, including age, gender, occupation, family income, and literacy of beneficiaries.

(b) **Access to Eye Healthcare**: Number of individuals screened and treated pre- and post-implementation; reduction in cataract-related blindness.

(c) **Health Outcomes**: Vision improvement and quality-of-life enhancements post-surgery; post-operative recovery and follow-up care.

(d) **Healthcare Provider Development**: Training hours completed; retention rates of involved medical professionals.

(e) **Community Involvement**: Local participation in camp organization and awareness efforts; community contributions to infrastructure or volunteering.

(f) **Social Impact**: Increased awareness of eye health and cataracts; empowerment of women as health advocates and caregivers.

Assessment of Evaluation Criteria (Illustrative Key Impact Indicators)

Quantitative Criteria

1. Over 10,000 individuals directly benefited from cataract surgeries.
2. 30,000+ indirect beneficiaries, including family members and surrounding communities.
3. 70% increase in eye screenings in remote areas previously lacking access.
4. 85% improvement in vision outcomes post-surgery.
5. 60% of healthcare providers involved were women, promoting gender equality.
6. 50% reduction in cataract-related blindness in targeted villages.
7. 90% increase in follow-up care attendance.
8. 40% improvement in local community awareness of eye health.
9. 30% reduction in disability-related absenteeism from work and school.
10. Over 200 villages supported by the initiative.

Qualitative Criteria

1. Improved healthcare access in rural and underserved areas.
2. Enhanced community awareness of eye health importance.
3. Positive shifts in attitudes toward healthcare and preventative measures.
4. Empowerment of local women as health advocates and leaders.
5. Increased family and local leader involvement in healthcare initiatives.
6. Strengthened community ownership and pride in local projects.

Section III: Assessment of Challenges and Limitations

Challenges/Areas for Improvement

The evaluation identified the following challenges:

- **Infrastructure Gaps**: Limited facilities and equipment in remote areas.
- **Awareness Barriers**: Insufficient knowledge of cataract surgery benefits and services.
- **Cultural Barriers**: Reluctance due to beliefs or misinformation.
- **Resource Constraints**: Inadequate funding for sustainability, especially post-surgery care.
- **Logistical Challenges**: Difficulties reaching remote villages for screenings and surgeries.

Limitations of the Assessment

The assessment faced the following constraints:

- Inconsistent baseline data for some health outcomes and demographics.
- Variations in infrastructure and community support across villages, complicating uniform assessments.
- Challenges quantifying qualitative outcomes, such as behavioural changes and attitude shifts.
- Limited sample size due to the project's geographical spread.

Source: NISM Series XXIII: Social Impact Assessors Certification Examination workbook

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