

FORM 2.1 Annual Social Impact Report by Social Enterprise

(In terms of Regulation 91E (1) of SEBI (Listing Obligations and Disclosure Requirements) Regulations, 2015)

[This Impact Report is to be prepared Annually by Social Enterprise for Social Projects/Programs Funded by Security Listed on SSE of BSE/NSE]. Accordingly, project and security linked fields are marked Not Applicable. This self-disclosure template is submitted for FY 2025-26.

Assessment for the Financial Year (the year reported upon) 2025–26

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INSTRUCTIONS:

All Social Enterprises with currently Listed Securities on the SSE, will prepare an **Annual Social Impact Report in Form 2.1** for each project funded through a listed security on any SSE, with reference to the details provided in the Final Fund Raising Document (FFRD) at the time of listing and the Solution Implementation Plan (SIP) prepared thereafter to implement the project. This requires one Impact Report per currently listed security to be made annually by a Social Enterprise till the security is listed on the SSE. The Social Impact Assessment will be prepared by the Social Enterprise and it will get it assessed by an external Social Impact Assessor who is empaneled with an SRO specified by SEBI.

Form 2.1 has four Sections

Section A: deals with general information, information of project timeline for needful third party evaluation (if any), identifying the presence of KPIs in the solution implementation plan and knowing in very brief about the baseline situation. This needs to be filled by Social Enterprise, project.

Section B: deals with annual progress report to be filled by Social Enterprise prior to the conduct of Social Impact Assessment. It is important to note that Social Enterprises will make entry of the **annual progress that are contextually relevant** for the KPIs set for that particular year as per the Solution Implementation Plan.

Section C: deals with the statement of primary assessment by Assessors based on the entries made by Social Enterprise in the progress report in **Section B**. Social Impact Assessors will provide specific comments on aspects placed in **Section C** of this form in their Social Impact Assessment Report.

Section D: deals with Confirmation by Social Enterprise

Section E: deals with all the supplementary information to be provided in the form of Annexes

Social Enterprise is required to submit the Annual Social Impact Assessment Report in Form 3.1 to the respective SSE.

SECTION -A: To be filled by Social Enterprise

1. General Information

	Item	Social Enterprise Response
1.	Listing ID	
2.	Name of the organization	VISION FOUNDATION OF INDIA
3.	Name of program	Rashtriya Netra Yagna (RNY)
4.	Duration	Ongoing programme; annual reporting period covered: FY 2025–26. Total project duration is not stated in the Impact Assessment Report.
5.	Program mode: (one time/ ongoing)	Ongoing
6.	Program area - States with Districts [mention aspirational blocks, if any, as covered as per NITI Aayog]	<p>Pan-India implementation through Associate Hospitals across 19 states.</p> <p>Assam - Dibrugarh, Jorhat</p> <p>Andhra Pradesh - Salur, Palakole</p> <p>Bihar - Aurangabad, Banka</p> <p>West Bengal - Haldia, Siliguri, Durgapur, Krishnanagar, Deoghar, Jamalpur, Purulia, Kolkata</p> <p>Chhattisgarh - Raipur, Rajnandgaon</p> <p>Delhi - New Delhi</p> <p>Gujarat - Rajkot, Surat, Mahuva, Valsad, Gandevi, Amreli, Bansda, Surendranagar, Ahmedabad, Gir Somnath</p> <p>Haryana - Faridabad</p> <p>Jharkhand - Dumka, Hazaribagh</p> <p>Karnataka - Bengaluru, hubli, Hassan</p> <p>Himachal Pradesh - Una</p> <p>Madhya Pradesh - Gwalior, Indore</p> <p>Maharashtra - Pune, Thane, Sangli, Raigad, Mumbai, Miraj, Gadhingaj, Solapur</p> <p>Odisha - Keonjhar, Kendrapara, Jagatsinghapur, Jajpur, Sonepur, Dhenkanal, Karanja, Anjul</p> <p>Punjab - Jalandhar</p> <p>Rajasthan - Udaipur</p> <p>Tamil Nadu - Tiruchirapalli, Chennai, Coimbatore</p> <p>Uttar Pradesh - Bareilly, Kanpur</p> <p>Uttarakhand - Haridwar</p> <p>Telangana - Hyderabad</p>
7.	Beneficiary group(s)/ segment(s)*	<ul style="list-style-type: none"> • Economically weaker household • Rural and underserved populations • Elderly and geriatric individuals • Marginalised and vulnerable communities • Tribal and remote populations • Individuals with disabilities facing barriers to accessing eye care

		<ul style="list-style-type: none"> • Individuals unable to afford cataract surgery and associated treatment costs • Patients identified through community eye-screening camps and referrals • Individuals requiring timely cataract intervention to restore functional vision
8.	Thematic Areas as per SSE	<p>Primary Thematic Area: Healthcare – Preventive and Curative Eye Care</p> <p>Secondary Thematic Areas:</p> <ul style="list-style-type: none"> • Healthcare Access and Affordable Medical Treatment • Eradication of Avoidable Blindness and Vision Restoration • Support for Economically Weaker and Underserved Communities • Rural and Community Health Development • Elderly and Vulnerable Population Welfare • Disability Prevention and Improved Quality of Life • Community Outreach, Screening and Early Detection
9.	SDG Goals Aligned	<p>SDG 1 No Poverty People living with blindness and vision impairment are often poorer and less likely to engage in paid work. It is estimated that poor vision costs the global economy 168\$ billion dollars in lost productivity every year.</p> <p>SDG 2 Zero Hunger Eye care can increase household income and reduce hunger: 46 % of households moved up an income bracket following cataract surgery.</p> <p>SDG 3 Good Health and Well Being Universal Health coverage cannot be universal if eye care is excluded. Poor vision has a significant impact on wellbeing and mental health. There is a link to a higher level of depression, anxiety, loss of independence and the ability to care for oneself. It also results in a higher risk of falls and fractures for older persons.</p> <p>SDG 5 Gender Equality According to studies, women and girls are more likely to develop vision impairment and also less likely to get treatment. Most significantly, up to four out of five need not be blind, as they have common eye conditions such as cataract and refractive errors, can be easily prevented or treated.</p> <p>SDG 8 Decent Work and Economic Growth Good vision is essential for people to perform their jobs safely and productively. Cataract and other untreated eye conditions can reduce work capacity, income opportunities, and economic productivity, particularly among working-age adults.</p>

		<p>SDG 10 Reduced Inequalities Untreated eye conditions disproportionately affect people in underserved, rural, low-income, and vulnerable communities who face barriers to accessing quality eye care. Providing free or affordable screening, spectacles, and cataract surgery helps bridge these gaps and ensures that access to essential eye care is not determined by income, geography, or social circumstances.</p> <p>SDG 11 Sustainable Cities and Communities Healthy vision enables individuals to move safely, access education and employment, use public spaces, and participate independently in community life. Accessible eye-care services, particularly through community-based screening and outreach, contribute to more inclusive and accessible communities where people with visual impairment are less likely to be excluded from social and economic activities.</p> <p>SDG 16 Peace, Justice and Strong Institutions Addressing Cataract issues strengthen public health systems and community trust.</p> <p>SDG 17 Partnerships for the Goals Building Robust network of Associate Charitable eye institutions for cataract surgical services.</p>
10.	Alignment with National and State Schemes & priorities	<p>Project Rashtriya Netra Yagna, approach directly aligns with the “National Programme for Control of Blindness and Visual Impairment” which primarily is a part of the Ministry of Health and Family Welfare.</p> <p>This project directly contributes to India’s Blindness reduction goals under NPCBVI, and it adds value to the Governments cataract backlog reduction strategy.</p> <p>In terms of Strengthening Public Health Systems, Project RNY aligns with National Health Missions objective of providing accessible, affordable, equitable and quality eye health care to the marginalized population. Inclusion Criteria such as vulnerable groups, Grass root level awareness, community mobilization and strengthening community level eye care access.</p> <p>By leveraging VFI’s network of Associate Hospitals and community outreach mechanisms, RNY helps extend quality eye-care services to populations that face financial, geographical and accessibility barriers, thereby contributing to the broader national goal of eliminating avoidable blindness in India.</p>

** For Environmental and Cultural Programs/Projects- please state the segment(s)*

2. Designated timeline for Mid-term and End-term (if any) *

Phase	Financial Year (From)	Financial Year (To)	Possible month of Review
Pre Project implementation	NA		NA
Phase I: Project Start to mid-term	NA	NA	NA
Phase II: Midterm to End term	NA	NA	NA

**Depending on the length of the project period, the projects/ programs of 3 year or more duration need mid-term evaluation. The mid-term evaluation of 3/5-year project will be co-terminus with of 2nd year / 3rd year annual evaluation cycle. The end-term evaluation is co-terminus with the annual end year project evaluation cycle, unless found necessary to conduct special evaluation exercise beyond the end year project evaluation cycle*

3. Solution implementation plan and KPIs:

SI no.	Parameters	Yes/No/ partially yes	If yes, give the reference page in SIP
i.	Has the Solution implementation plan (SIP) considered the Guiding framework on Logic Model* for plan preparation?	YES	
ii.	Has timeline based KPIs for outcome, output and activities been delineated in clear qualitative and quantitative terms in the SIP?	YES	
iii.	Have the parameters** of reach, depth and inclusion integrated appropriately in the KPIs in SIP?	YES	
iv.	Are each of the KPIs verifiable?	YES	
v.	Have the means of verification worked out in clear terms for each KPIs?	YES	
vi.	Have the stakeholders been mapped out clearly for consultation and feedback across the timeline of the project?	YES	
<p><i>*Annex-1 of Guiding Framework on Logic Model {Section III (I)} of USIAF</i> <i>** Annex-2 of Guiding Framework on Logic Model {Section III (I)} of USIAF</i></p>			

4. Baseline and situation analysis

**What is the baseline status at the start of the activity, intervention, program or project?
 *only a brief description of key baseline points in not more than 5 sentences to be given while cross referring to the relevant pages in Solution implementation plan (SIP) where details of the baseline status / situation analysis / context description has been given.**

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.

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.

Indicator	Baseline Status
Target population	Economically weaker and underserved individuals requiring cataract treatment
Access to affordable cataract surgery	Among economically disadvantaged beneficiaries
Financial barriers to treatment	Significant
Access to quality eye-care services	Limited in rural, remote and underserved communities
Awareness regarding available eye-care services	Limited among vulnerable populations
Community-level screening and referral	Required to identify and facilitate eligible beneficiaries
Access to cataract surgery	Delayed or unavailable for some eligible beneficiaries due to financial and geographical barriers
Post-operative follow-up	Requires systematic referral and follow-up support
Cataract treatment gap/backlog	Existing need among underserved and economically weaker populations
Institutional mechanism	VFI's network of Associate Hospitals available to facilitate treatment

SECTION -B: To be filled by Social Enterprise

5. Report on Performance and Outcome

5.1 Stated overall outcome and overall outcome KPIs (to be filled by Social Enterprise)

Stated overall outcome:

To improve access to quality and affordable eye-care services and reduce avoidable blindness among economically weaker and underserved populations through community-based eye screening, identification and referral of patients, free cataract surgeries and post-operative follow-up under Rashtriya Netra Yagna (RNY). The intervention aims to restore vision, improve mobility and independence, enhance productivity and income-generating ability, and improve the overall quality of life and socio-economic well-being of beneficiaries.

As a result of the intervention, beneficiaries experienced significant improvements in vision and functional well-being. The Impact Assessment reported that 99.6% of surveyed beneficiaries experienced improved vision, 76.5% reported reduced eye-related problems, 64.2% reported increased productivity/work efficiency, 56.9% reported improved quality of life and 47.8% experienced increased independence. Further, 89.2% of beneficiaries reported an improvement in their income-generating ability, demonstrating the broader economic impact of restored vision.

Stated overall KPIs:

1. **1,45,876 individuals screened** through OPD and eye check-up camps during FY 2025–26.
2. **48,669 patients identified/advised for surgery** based on screening outcomes.
3. **31,275 patients underwent surgical procedures** during FY 2025–26.
4. **99.6% of surveyed beneficiaries reported improved vision** following the intervention.
5. **89.2% of surveyed beneficiaries reported improvement in income-generating ability**, reflecting enhanced economic participation following restoration of vision.
6. **64.2% reported increased productivity/work efficiency**, while **56.9% reported improved quality of life** and **47.8% reported increased independence**.
7. **98.7% of surveyed beneficiaries received post-treatment follow-up care**, demonstrating continuity of care.
8. **98.2% of surveyed beneficiaries reported satisfaction** with the eye-care services received.
9. **97.8% of surveyed beneficiaries reported increased awareness** regarding eye care following the intervention.

5.2 Annual Progress in Outcome KPIs vis-à-vis Overall outcome KPIs for the year reported upon (previous year)

Stated Intermediate Outcome/s of the project and their KPIs	KPIs Applicable** at different Outcome levels (1,2 and 3) for the year reported upon	What has been accomplished in KPIs mentioned at Col. 2?	What could not be accomplished mentioned in Col. 2 ?***	Why it could not be accomplished? Any challenges? ***	Unintended negative outcome, if any
1	2	3	4	5	6
Outcome 1: Improved reach and access to eye care	19 states; 2,401 camps; 1,45,876 individuals screened; 48,669 advised surgery; 31,275 surgeries completed.	Report records these annual achievements. Among surveyed beneficiaries, 87.6% rated access as easy; 94.9% identified free/subsidized services and 80.1% eye-check-up camps as key enablers.	NA	NA	NA
Outcome 2: Improved vision and continuity/quality of treatment	19 states; 2,401 camps; 1,45,876 individuals screened; 48,669 advised surgery;	99.6% of surveyed beneficiaries reported improved vision; 76.5% reported	NA	NA	NA

	31,275 surgeries completed.	reduced eye problems; 98.7% received post-treatment follow-up; 98.2% were satisfied with services.			
Outcome 3: Improved functional, social and economic well-being	Outcome indicators measured in patient survey; formal annual targets not stated.	64.2% reported increased productivity/work efficiency; 56.9% improved quality of life; 47.8% increased independence; 89.2% reported improvement in income-generating ability. Mean monthly income rose from approx. ₹4,900 before treatment to ₹5,500 after treatment.	NA	NA	NA

**Stated intermediate outcome/s and external KPIs meant for Third party evaluation needs to be mentioned from the fundraising document*

***Only timeline based KPI metrics applicable for third party evaluation for the year reported upon needs to be mentioned*

****Stated Assumptions and Risks in the fundraising document also need to be taken into consideration in answering what and why*

5.2 Annual Progress of Activities and Inputs vis-à-vis stated Output KPIs in the year reported upon (previous year)

State overall output KPIs* at each level Outcome Unit**	Overall activity target of the project (unit)	Activity target of the year reported upon		Achievement during the year reported upon		Deviation (if any) for the year reported upon		Reasons for deviation
		Physical (unit*)	Financial (Rs.)	Physical (unit**)	Financial (Rs.)	Physical (unit**)	Financial	Physical and/or Financial
1	2	3	4	5	6	7 (Col 5-3)	8 (Col 6-4)	9
Statement of Outcome 1:								
Output 1.1: Eye-check-up camps conducted (unit: camps)	Community mobilization, screening camps, patient mobilization and referrals	2,401	NA	2,401 camps				
Output 1.2: Individuals screened (unit: people)	Number of People come for screening	1,45,876	NA	1,45,876 people				
Output 1.3: Patients advised surgery (unit: people)	total number of patients identified/advised for surgery	48,669	NA	48,669 people				
Statement of Outcome 2:								
Output 2.1: Eye surgeries completed (unit: surgeries)	total number of patients identified/advised for surgery	31,275 surgeries conducted	INR 9,88,25,000 /- (Including all cost)	31,275 surgeries				
Output 2.2: Post-treatment	Hospital infrastructure,		NA	98.7% of surveyed beneficiaries				

follow-up among surveyed beneficiaries (unit: % of sample)	clinical teams, surgical services, follow-up and patient feedback systems							
Output 2.3: Patient satisfaction among surveyed beneficiaries (unit: % of sample)	98.2% of surveyed beneficiaries.		NA	98.2% satisfied				
Statement of Outcome 3:								
Output 3.1: Beneficiaries reporting improved vision (unit: % of sample)	Awareness, patient support and access enablers including transport support and free/subsidized services		NA	99.6% reported improved vision				
Output 3.2: Beneficiaries reporting improved income-generating ability (unit: % of sample)	Beneficiaries reporting improved income-generating ability after the intervention.		NA	89.2% reported improvement				
Output 3.3: Beneficiaries reporting increased productivity/work efficiency (unit: % of sample)	beneficiaries reporting increased productivity/work efficiency after		NA	64.2% reported improvement				

	cataract surgery.							
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NOTE: Column no 3,4,5 and 6 should consider only the target and achievement of the year reported upon (previous year)

**Intermediate outcome wise output/outputs KPI targeted.*

**The number of outcomes and outputs will differ from project to project based on the fundraising document*

***Unit to be set as per the physical activity*

5.3 Cumulative deviation in output KPIs under each outcome KPI of the previous years before the year reported upon

Outputs at each level of outcome*	Cumulative KPI target and finance provided in previous years before the year reported upon		Cumulative KPI achievement and finance utilized in the previous years before the year reported upon		Cumulative Deviation, if any, in the previous years*		Reasons for deviation, if any
	KPI (unit*)	Financial (Rs.)	KPI (unit**)	Financial (Rs.)	KPI (unit**)	Financial (Rs.)	KPI and /or Finance
1	2	3	4	5	6	7	8
Outcome 1 KPI	Output 1	Output 1	Output 1	Output 1	Output 1	Output 1	
	Output 2	Output 2	Output 2	Output 2	Output 2	Output 2	
Outcome 2 KPI	Output 1	Output 1	Output 1	Output 1	Output 1	Output 1	
	Output 2	Output 2	Output 2	Output 2	Output 2	Output 2	

*For details see year on year physical and financial progress of the organization

**Unit to be set as per the physical activity

5.4 Convergence and contribution of the year reported upon (previous year) @

Intermediate outcome wise KPIs at each level	Convergence from the outside the project			Contributions rendered voluntarily by target beneficiaries/community/ entity, if any	
	Convergence items* Unit****	Agencies***	Estimated money value***** of convergence (Optional)	Contribution items** Units****	Estimated money value of***** contribution (Optional)
1	2	3	4	5	6
Outcome 1 KPIs:					
Outcome 2 KPIs:					
Outcome 3 KPIs:					

@the applicability of this format will depend from project to project. Wherever applicable is important to assess through this format. Please refer to Annex-1 **Point 8** (Handling convergence, contribution and sustainability by SE) of Guiding Framework on Logic Model for needful guidance.

* Convergence Items consists of assets/expertise/capacities or any other support mobilized through

partnerships, networks and influence from the stakeholders within and outside the project.

*** Any agreed upon voluntary contribution time, money, materials, or labour to the project (social/ environmental/ cultural) activities by the target community/entity, or stake undertaken by the target community/entity to sustain the project with considerations for reach, depth, inclusion.*

**** Agencies could be any government or any non-government partner institutions and individuals who has a stake in the project or whose stake need to be developed in the interest of the Project.*

*****Unit to be set as per the convergence/ contribution item.*

******Giving this information is optional, but this will be very useful in creating narrative on stakeholders' participation/contribution in tangible terms. This should be provided only if the organization has a reasonable basis of calculation to provide this information.*

5.5 Past performance trend

What has been the past performance trend? What are the organization's learnings on what went well and what did not work well? *Write your inference on key past performance trends on activity, intervention, program using the reference to entries made in Col 6,7 and 8 of table 5.4 (Cumulative deviation in outcome-wise output KPIs till previous years before the year reported upon).

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.

6. Report on risks and unintended negative outcome

6.1	<p>In the previous year, what have you seen as the biggest risks* to the achievement of the desired impact? How are these being mitigated?</p> <p><i>* Risks could be internal risk such as organizational and HR capacity risks or external risk such as unfavorable change in market and/or policy framework conditions.</i></p> <p><i>* This needs to be analyzed in the context of assumptions and risks noted for the period reported upon (previous year) as per Fund Raising Document and Solution implementation Plan (SIP) prepared using Guiding Framework on Logic Model {Section III (I)} of USIAF</i></p> <p>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.</p> <p>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.</p> <p>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.</p> <p>How are these risks being mitigated</p> <p>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.</p> <p>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</p>
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	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.
6.2	<p>Describe any potential unintended negative outcome of this project seen in the year reported upon (previous year). How are these being addressed?</p> <p><i>*This needs to be analyzed in the context of potential unintended negative outcome noted in the Solution implementation document for the year reported upon (previous year) prepared as per Fund Raising Document and Solution implementation Plan (SIP) prepared using Guiding Framework on Logic Model {Section III (I)} of USIAF</i></p> <p>The impact report does not identify a specific unintended negative outcome caused by the intervention.</p>

7. Report on stakeholder consultation

Has the organization taken into consideration relevant* stakeholders' feedback in the year reported upon? What has been the stakeholder wise feedback? and how they have been used by the organisation?

Vision Foundation of India (VFI) actively collected and considered feedback from key stakeholders during and after the implementation of the Rashtriya Netra Yagna (RNY) programme. Feedback was obtained through beneficiary interviews conducted as part of the impact assessment, interactions with Associate Hospital authorities, and group interactions with hospital staff involved in programme implementation, including optometrists, nursing staff, programme coordinators and outreach support staff.

Beneficiaries (552 Patients):

Beneficiary feedback indicated a high level of satisfaction with the services provided under the RNY programme. 98.2% of patients reported being satisfied with the services received, while 87.6% rated access to eye-care services as easy. Further, 98.7% of beneficiaries reported receiving follow-up care after treatment. Beneficiaries' experiences and suggestions provided useful insights into accessibility, affordability, quality of treatment, follow-up care and the overall patient experience.

Associate Hospitals (52 Hospital Authorities):

Feedback was obtained from Associate Hospital authorities to understand the mechanisms used at the institutional level for collecting and responding to patient and stakeholder feedback. 73.7% of hospitals reported having a formal patient/stakeholder feedback system. The commonly adopted mechanisms included verbal feedback during consultation and discharge (86.8%), telephone communication/follow-up (76.3%), written feedback forms (57.9%), suggestion boxes (44.7%), patient satisfaction surveys (36.8%), grievance redressal mechanisms (31.6%) and digital feedback platforms (21.1%).

Hospital Staff and Implementation Stakeholders:

Optometrists, nursing staff, programme coordinators and outreach support staff involved in the RNY programme also participated in group interactions during the assessment. Their inputs helped provide an understanding of the operational aspects of outreach, patient referral, treatment delivery and post-operative follow-up. Outreach and referral mechanisms, free or subsidised treatment, and follow-up support were identified as important enablers of effective programme implementation.

Utilization of Feedback:

VFI reviews the feedback received from beneficiaries, Associate Hospitals and programme implementation teams to strengthen programme planning and service delivery. The feedback and assessment findings are used to improve patient outreach and referral processes, strengthen follow-up mechanisms, enhance the beneficiary experience and improve the overall quality and effectiveness of eye-care services.

The assessment did not document a formal stakeholder-wise action log linking each specific feedback item to the corresponding action taken. VFI will strengthen its programme documentation by maintaining a structured feedback and action-tracking mechanism to systematically record stakeholder feedback, actions taken, responsibilities and follow-up status in future programme cycles.

8. Report on sustainability of the interventions made as envisaged in the Fund Raising Document

Has the project recommended a sustainability plan in FRD and SIP?

If yes, any measures implemented* from SIP for sustainability of activity/intervention/programs or project outcomes during the year reported upon? When the organization will start preparing/ prepared a withdrawal plan for exit?

VFI has adopted a sustainability-oriented approach for the RNY programme through its network of Associate Hospitals, community outreach mechanisms, trained staff, referral linkages and partnerships with government, NGOs and CSR stakeholders.

Associate Hospital Network: The programme is supported by Associate Hospitals across 19 states, with 86.8% being charitable/not-for-profit institutions. Hospitals reported sustainability measures including outreach camps (79%), operational efficiency and cost optimization (71%), strategic partnerships (68%), hospital-network strengthening (63%) and capacity building (58%).

Community and Stakeholder Engagement: VFI works with ASHA/community workers, local institutions, NGOs and community leaders for awareness, screening and referrals, particularly in underserved areas. Government and stakeholder coordination further strengthens continuity of services.

Continuity and Quality of Care: Standardized referral and clinical processes, trained personnel, digital MIS and post-operative follow-up support continuity of care. The impact assessment reported 98.7% follow-up and 98.2% beneficiary satisfaction.

Utilization of Feedback: Assessment findings are used to strengthen outreach in remote areas, awareness generation, logistical support and follow-up systems, thereby improving the sustainability and quality of programme outcomes.

The programme's sustainability is primarily supported through strengthening existing institutional and community partnerships and leveraging established healthcare infrastructure. Any project-specific exit or withdrawal plan will be documented in accordance with the FRD/SIP.

** Organisation may state what is being done in stakeholder consultations, convergence initiatives, community contribution and stake development; and in the collaboration & advocacy front for effective handing over and sustainability of the project. Any other needful measures adopted beyond above points may also be mentioned.*

9. Plan for using Social Impact Assessment for Knowledge Management

How the knowledge on Social Impact Assessment has been used by the organization to create a sharper narrative about the Sector works and how such knowledges are being disseminated to the stakeholders for cross learning to the Sector's advantage?

VFI is using the findings of the 2025–26 Social Impact Assessment to strengthen its understanding of the eye-care sector and sharpen its programme narrative. The assessment, based on feedback from 552 patients and 52 Associate Hospital authorities, provides evidence on access, affordability, quality of care, patient satisfaction, follow-up and institutional practices.

The findings are being used to improve programme planning, strengthen outreach and referral systems, enhance patient follow-up and identify areas for service improvement. Key learnings are also being shared internally with programme teams and Associate Hospitals for cross-learning and replication of effective practices.

VFI plans to further disseminate the key findings through stakeholder discussions and suitable knowledge-sharing platforms, including sharing executive summary/ key learnings with relevant stakeholders, to contribute to broader learning in the eye-care sector.

**It could involve publishing the executive summary of the Social Impact Assessment on the Organization's website or discussing on the uniqueness of the organization's impact assessment experience to uncover certain issue-based realms that could be spread for cross-learning to the Sector's advantage.*

10. Plans for the next Social Impact Assessment Cycle*

**to be filled by the Social Enterprise after receiving the comments on Annual Impact Report from Assessors at Section C and before the final draft*

11. Photographs conveying before and after impact of the Programme @

@ applicable in the end term evaluation

(a maximum of 3 impact situations may be shared per Programme)

12. Annexures

		If applicable	
Item	NA	Yes	No
1) Blank copy of any questionnaire or survey forms used 2) Summary analysis of surveys undertaken 3) Copies of other consultation details (FGD/workshop notes etc.) 4) Copies of evidence summarised or quoted in the social impact 5) Notes of previous social impact assessment meetings 6) Past Social Impact Assessment Statements for projects funded by Listed Security 7) Completion certificate of SEBI-approved mandatory capacity building 8) Case studies / stakeholder testimonials 9) All stand-alone reports contributing to impact reporting for this period			

SECTION – C: To be filled by Assessors for facilitating assessment with respect to the entry made by Social Enterprise at Section A and B
Assessor-only section: to be completed by the external Social Impact Assessor.

13. Analysis of Solution Implementation Plan (SIP)@ and Key Performance Indicators@

@This is applicable only for first year Social Impact Assessments

13.1 Solution Implementation Plan

Comment on the alignment of SIP with the Guiding Framework on Logic Model and alignment of plan preparation with the format* placed therein? Do the included KPI metrics address reach, depth and inclusion parameters** in objectively verifiable terms? If not objectively verifiable, please suggest modification.

**Annex-1 of Guiding framework on logic model (Section III(I)) of USIAF*

***Annex-2 of Guiding framework on logic model (Section III(I)) of USIAF*

13.2 Key performance indicator for reporting

Comment on the appropriateness of Key Performance Indicators (KPI) on outcome, output, activities and input placed in SIP in achieving impact? Is there any modification required to make these indicators more objectively verifiable? Are the means of verification of KPIs clear and sufficient?

14. Previous Social Impact Assessments, if any@

@ Not applicable in first year Social Impact Assessment of the project

14.1	Include a short outline on how the issues raised and recommendations for action in the previous Social Impact Assessment have been followed through. *
14.2	Has the target segment changed in the previous year? If so, why?

15. Report on Performance

15.1 Performance on outcome

15.1.1	A narrative report on the degree to which the program/ project is living up to its stated objectives
15.1.2	Analysis and interpretation of the outputs
15.1.3	Analysis and interpretation of the outcomes

15.1.4	Interpreting and explaining the impact
15.1.5	Gaps and challenges identified
<p><i>*This should be with reference to the baseline and KPI narratives kept in FFRD and SIP, and the information provided in Section B in relation to the identified KPIs</i></p> <p><i>* This will include any appropriate calculations and interpretations. The report on project objectives should consider the social, environmental, cultural and economic dimensions of performance and impact as appropriate.</i></p> <p><i>*Refer Unified Social Impact Assessment Framework for this exercise</i></p>	

15.2 Stakeholder feedback

How has the Social Enterprise taken into consideration stakeholder feedback in this reporting period?

**The report shall include the details of stakeholders consulted and how the organization has used their feedback in program implementation.*

15.2.1 Contribution

Comment on the trend in the mobilization of voluntary community support/contribution or the stake developed by the community/ entity that have contributed to, or will contribute in the future to the accomplishment of these goals and sustainability of the project. How can this be improved further?

Refer to the details provided under at **point 5.5 of Section-B for answering these points.*

15.2.2 Knowledge management and advocacy

Comment on how best the organization is doing to create a sharper narrative through Social Impact Assessment to the Sector's advantage.

Refer to the details provided under at **point 9 of Section-B for answering these points.*

15.2.3 Write key measures taken for sustainability of the project. Comment on the adequateness of these measures. Cite further needful measures, if any?

Reference may be drawn from the comments given at **point 8 and sub-points under 14*

**Towards the end year of the project, take reference of withdrawal plan prepared by the project for making exit.*

16. Issues for Achievements

16.1 The Social Impact Assessment will have revealed several issues that have to be tackled as well as achievements to celebrate. Write the key achievements of the program. Also comment on identified risks and mitigation measures adopted/ to be adopted to address this and any unintended negative outcome reported and measures adopted/ to be adopted to address this.

The 2025–26 Social Impact Assessment indicates that the RNY programme has achieved strong outcomes in improving access to affordable and quality eye care for underserved and economically weaker beneficiaries.

Key Achievements: The programme demonstrated high beneficiary satisfaction (98.2%), ease of access to services (87.6%) and strong continuity of care, with 98.7% of beneficiaries receiving follow-up care. The programme is supported through Associate Hospitals across 19 states, enabling outreach, referral, free/subsidized treatment and post-operative care for underserved communities.

Key Risks and Mitigation Measures: The assessment identified risks related to accessibility of services in remote areas, beneficiary awareness, logistical constraints, continuity of follow-up and institutional capacity. These are being addressed through outreach and screening camps, community and referral networks, partnerships with Associate Hospitals, trained programme staff, structured follow-up mechanisms and digital MIS. Hospitals also reported measures such as operational efficiency, strategic partnerships, network strengthening and capacity building to manage programme risks.

Unintended Negative Outcomes: No significant unintended negative outcomes were reported through the assessment. However, continued monitoring of accessibility, follow-up, service quality and beneficiary feedback is being undertaken to identify and address any emerging issues.

Overall, the assessment demonstrates that the programme is delivering its intended eye-care outcomes while providing clear areas for strengthening outreach, follow-up and institutional capacity.

** Internal risks are organizational and HR capacity issues and external risks are conditions such as unfavorable changes in market and/or policy framework conditions.*

16.2 Has there been any material (significant) change in the organization's implementation model in the last one year? Suggest material changes required in future, if any.

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.

**Material changes means any pertinent change including organizational changes that significantly affect the decision of the stakeholders and also affect the way of carrying out of the project/ program.*

16.3 Outline the steps and actions required to effectively implement the program, It includes Revised Action Plan; Resources; Stakeholder engagement; Timeline; Training and Capacity building; Monitoring and Evaluation

VFI follows a structured implementation approach under the Rashtriya Netra Yagna (RNY) programme, covering community mobilization, eye screening, beneficiary referrals, free or subsidized treatment and post-operative follow-up. Key resources include financial support, medical professionals, trained programme staff and Associate Hospital infrastructure. Stakeholder engagement is ensured through coordination with Associate Hospitals, government health systems, NGOs, community workers and CSR partners. Activities are implemented throughout the project period based on beneficiary needs and hospital capacity. Training and capacity building focus on service quality, referral procedures and patient follow-up. Monitoring and evaluation are conducted through digital MIS, hospital reports, beneficiary feedback and periodic impact assessments to track progress and improve programme effectiveness.

SECTION – D Confirmation by Social Enterprise

I, Dr. Nayan Chakravarty on behalf of Vision Foundation of India, confirm that the social impact assessment process was carried out as per the terms of reference of the engagement and the draft report was shared with us and our responses heard. The minutes of the Social Impact Assessment Meetings capture our responses and the points for action. These minutes are maintained in our records. Feedback as appropriate will be incorporated for review in the next social impact assessment cycle.

Remarks, (if any):

Authorized Representative of Vision Foundation of India

Name: Dr. Nayan Chakravarty (CEO)

Signed:

Nayan Chakravarty

Date: 31.10.2026

Place: Mumbai



Seal of the Vision Foundation of India

Data Collection Tools

A: Hospital Perspective: Survey of Senior Officers/Trustees

Sr No	Question	Response
1	Name of the Hospital	
2	Type of Hospital	<ul style="list-style-type: none"> ○ 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?	<ul style="list-style-type: none"> ○ Funding constraints ○ Geographic challenges ○ Operational issues ○ Data management issues ○ Staff shortage ○ Low patient participation
5	What mitigation strategies have been adopted?	<ul style="list-style-type: none"> ○ 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

		<ul style="list-style-type: none"> ○ Other:
6	Has the risk level improved compared to last year 2024-25?	<ul style="list-style-type: none"> ○ Improved ○ No change ○ Worsened
7	How you have noticed changes in eye care services delivered in the last year 2024-25?	<ul style="list-style-type: none"> ○ 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?	<ul style="list-style-type: none"> ○ 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?	<ul style="list-style-type: none"> ○ 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
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)