



DIVYAJYOTI TRUST – CASE REPORT



Social Transformation of Indian Tribal Community: Unlocking the Potential by Healthcare

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Divyajyoti trust – Activities

Hospital :

- Speciality Clinic
- Divyachakshu Eye Bank
- Training Centre
- Research activity
- Networking – consultancy

Outreach activity: (Field work)

Diagnostic camp
Satellite Centre: Netrang & Zankhvav CHCs
Satellite Centre: Chorwad Lions eye hospital
Vision centres: Umarpada, Dediapada, Sagbara

Community Based Rehabilitation Programme

Integrated education Programme

Hostel for Blind children – “Vivekananda pragnachakshu Bhavan”

Hospital: Fully equipped 100 Bedded eye hospital, providing comprehensive eye care to the society. All the facilities are provided free to the poor & needy people & at subsidised rate to others.

Speciality work: All types of eye care treatment is available here. Consultant for Research, Cornea, Retina, Glaucoma as well as Paediatric ophthalmology & community ophthalmology are available daily. The consultant of oculoplasty, Neuro ophthalmology & cornea are visiting once or twice in a month on regular basis. We are one of the very well equipped hospitals in Gujarat with latest state of art equipments.

Training centre: From the beginning, we have started training programmes for ophth. assistant, ophth. nurse, operation theatre technician, optical fitting etc. In addition, short term & long term training of Ophthalmologists in SICS; phaco emulsification, glaucoma, comprehensive ophthalmology & medical retina are also going on.

Research: We conduct epidemiological and clinical research on a regular basis. Presence of Dr. Rohan who is trained at ICEH is making it possible.

Networking – consultancy: Trust provides Technical assistance to nearby hospitals & evaluation activity for the hospital in different parts of India is being carried out. Trust works in close collaboration with NPCB, Vision 2020: Right to Sight India and INGOs.

Outreach activity (field work):

Diagnostic Camp: Three diagnostic eye camps are conducted every week catering to a population of 2.5 million around covering approx. 2000 villages.

Satellite centre: Netrang, Zankhvav community Health centre: Daily Eye OPD & twice a week operation activity at Netrang & Zankhvav is managed by divyajyoti trust under public private partnership project with govt of Gujarat from April 2012 onwards.

Satellite centre: Chorwad Lions eye hospital: Ophth. Asstts trained by divyajyoti Trust are managing OPD & camps regularly & visiting doctor thrice in a week performs surgery.

Vision Centres: Daily OPD is run by Ophthalmic assistant at Umarpada, Dediapada and Sagbara vision centres. Soon, we will connect these with the HQ using telemedicine facility.

Community Based programme: This programme has been started since Jan.15 at Mangrol & Umarpada Taluka of Surat district. Nearly 200 incurably blinds are identified to be rehabilitated now. We have completed this programme in Mandvi taluka last year.

Integrated education programme: Blind children identified in the surrounding area are enrolled in regular schools in their villages and our braille teacher teaches them braille. Right now, there are about 14 such kids getting benefits of this activity.

Vivekananda Pragnachakshu Bhavan (Hostel for Blind children): Residential facility for blind children was created so that they get trained for hostel life & assure academic progress. This year 20 children are there in hostel & studying in local regular school. We teach them braille, computer and music additionally.



FOREWARD

Social Transformation of Indian Tribal Community: Unlocking the Potential by Healthcare

The case documents the evolution of an eye care hospital (Tejas Eye Hospital) promoted by not-for profit organization located in Mandvi District-Surat, close to tribal community of Gujarat state, India.

In a short span of 5 years (2011-2016) the trust has evolved as a vibrant community hospital. The value proposition of the trust is a portfolio of activities which include awareness by medical education, prevention of eye care diseases by screening in eye camps, treatment, rehabilitation on need basis and the addressing the direct and indirect healthcare needs of the community.

The trust supported hospital is managed by Dr. Uday Gajiwala, who is an ophthalmologist by training. He has dedicated his life to the service of humanity by his chosen profession. Under his leadership Tejas eye hospital promoted by Divyajyoti trust has made significant contribution to the relevant community. The hospital has conducted 16000+ eye surgeries and treated over 1,30,000 patients (2/3rd of them are from tribal community). Dr. Uday Gajiwala was concerned about the challenges related to expansion and growth of the eye care facility. The managerial challenge before the board of trustee's is to carefully balance among (a) purpose for which the trust was created, (b) the gap between the ground realities and the need in the relevant tribal community and (c) the accomplishments of the eye hospital so far. The trust through the eye hospital has made a good beginning to transform the living condition, quality of life of the rural tribal community in Gujarat. The trust needs to strengthen and refine its business model so that it can be replicated to the other tribal community clusters in India.

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INDEX

Sr.No.	Details	Page No.
1.	Introduction	3
2.	Compassion in action : episodes I – 6	3
3.	Eye care scenario in India -2015	8
4.	Divyajyoti trust	8
5.	Patient profile	9
6.	Service area of the trust	10
7.	Kitchen – Medical store – Laboratory	10
8.	Challenges	11
9.	Conclusion	12
10.	Exhibit - 1 Profile of Uday Gajiwala	13
11.	Exhibit - 2 Evolution of Divyajyoti trust timeline	14
12.	Exhibit - 3 Organisation structure of Divyajyoti trust	15
13.	Exhibit - 4 Accomplishments of Divyajyoti trust	16
14.	Exhibit - 5 Tribal districts of India	17
15.	Exhibit - 6 Tribal Homelands in Gujarat	18
16.	Exhibit - 7 Green Building initiatives	19
17.	Exhibit - 8 Income and Expenditure statement of Divyajyoti trust 2014-15	20

Social Transformation of Indian Tribal Community : Unlocking the Potential by Healthcare

*“Take up one idea. Make that one idea your life- Think of it, Dream of it, Live on that Idea”
-Swami Vivekanda*

Introduction

It was frenzy winter morning of January 2016; When Dr. Uday Gajiwala one of the two co-founders of Divyajyoti Trust was seated in his office at Mandvi, district Surat¹ thinking about the progress of Tejas eye care hospital promoted and managed by Divyajyoti Trust.

Tejas eye care hospital is the only eye care medical facility located in Mandvi; district Surat catering to the eye care needs of about 2000 villages constituting a population of 2.5 million. In a shorter span of 5 years of its existence, Tejas eye care hospital has emerged as a community hospital in field of Ophthalmology.²

Dr. Uday was satisfied with the accomplishment of Tejas eye care hospital in conducting 16000+ eye surgeries and treating over 1, 31,529 outdoor patients (2/3rd of patients are from tribal community) in less than five years. However, he was thinking about the challenges related to scaling up his hospital and related activities in the area of eye care catering to less privileged rural tribal population in India.

Compassion in Action: Episode 1

Sunita Padvi, 21 years is from Khapar village (108 Km from Mandvi) – of Akkalkuva taluka³ in Nandurbar district of Maharashtra.⁴ Sunita and her mother Komalben are the only two members in the family. Both earn their living as marginal agricultural laborers. Sunita developed redness in both her eyes. They consulted a medical practitioner (not an ophthalmologist), who prescribed her some medicines. The condition for 8 days did not improve. Sunita consulted several doctors. She was also admitted in a hospital. The treatment was not effective. During this time her corneas became opaque.

Prepared by N. Ravichandran, Faculty IIM Ahmedabad and Malay Patel, Academic Associate IIM Ahmedabad. The active co-operation of Dr. Uday Gajiwala and Staff members of Divyajyoti Trust, Mandvi in preparing this case is gratefully acknowledged. Cases are prepared as a basis for class discussion. They are not designed to present illustrations of either correct or incorrect handling of administrative problems

¹ Second, largest city of Gujarat (State of India)

² The branch of medicine concerned with the study and treatment of disorders and diseases of the eye

³ Taluka is an administrative division of some countries in South Asia (India). It is an area of land with a city or town that serves as its administrative centre, with possible additional towns, and usually a number of villages.

⁴ Another State of India

Tejas Eye Hospital had organized a diagnostic camp in Khapar on 9th Oct, 2011. Komalben took Sunita for examination at the camp site. The Ophthalmologist⁵ advised them that only a corneal transplant can bring her eye sight back. She came to the hospital on 11th Oct, 2011 and was admitted to perform a minor operation to reduce the vascularization⁶ of the cornea called peritomy.

After peritomy, hospital doctors were debating whether they should keep her waiting for donated eyes or send her back to her village, and call her again when cornea becomes available! Meanwhile, hospital received a call from a nearby village for eye donation. The donor was young and the quality of corneas was good.

The second transplant was performed on 4th post-operative day. The second transplant did equally well. Expenses related to Sunita (pre and post-operative) care including the cost of surgery were met by the hospital.

When Sunita was visually challenged, mother Komalben had to face several hardships. On one hand, Sunita was confined to home, hence could not work. Accordingly, Komalben had to stay back home to take care of Sunita. Consequently, now the earning potential of the family dwindled. Having spent more than six months in darkness, there is light in the life of young Sunita – a new life – a new sunrise.

Compassion in Action: Episode 2

Karnilal Vasava of Limdha village (18.7 km from Mandvi) in Mandvi Taluka District Surat is a farm laborer. He had three dependent children. His elder daughter Sunaben was experiencing dimness of vision in both her eyes over a period of two years. She was taken to private clinics several times for treatment. As Karnilal's income was meager he could not afford to continue the treatment for prolonged period of time. Sunaben's eyesight was getting poorer. Now, her mother had to stay back home to take care of her. Sunaben; had to also withdraw from school.

Tejas eye care hospital organized a mega eye camp on 23rd May 2011 in Mandvi. The family came to know about the camp through a publicity vehicle. The parents brought Sunaben to Mandvi for checkup. The doctors diagnosed that Sunaben had cataract in both her eyes. Her retina was weak from recurrent inflammation of the eye (in the past) which was not treated properly. Initially, she was given treatment for reducing the inflammation in the eye. Then both eyes were operated for cataract extraction with IOL⁷ implantation at an interval of one month. She was given spectacles. After one and a half months of operation now; she regained vision in both her eyes.

⁵ An ophthalmologist is a specialist in medical and surgical eye problems.

⁶ The process of becoming vascular; means abnormal or excessive formation of blood vessels (as in the retina or on the cornea in eyes)

⁷ IOL- Intra Ocular Lens



As Sunaben's father is a farm labourer, her treatment is free of cost including operations. Now, Sunaben's life is back on track. She is taking care of her younger siblings and also does the household chores to support her mother. Accordingly, the parents are able to go to the field for farm labour related work. The parents are now discussing Sunaben's marriage, as Sunaben is now 24 years old.

The family is happy today. They are grateful to the doctors and staff of Tejas Eye Hospital run by Divyajyoti Trust. The parent's eyes are filled with tears of happiness as their daughter will now be able to lead a normal life.

Compassion in Action: Episode 3

Menaben Dhansingbhai Chaudhari resides in Titoi village (9.6 km from Mandvi) of Mandvi taluka, District Surat with her husband Dhansingbhai. Both survive on the meager income as farm laborers. Since they don't have children all household work has to be done by both them.

Menaben developed cataract in both her eyes. They were ignorant about cataract. Also, she had no money to afford any private treatment. Her eye sight was diminishing and she was unable to see. She had to stay back home; She would stumble upon objects while moving around the house. Her fingers were getting burnt while preparing "Rotla"⁸ or by mistake picking up the burning fire wood used for cooking. As she could not go out, her income from farm labour reduced considerably, adding to the family's financial problems.

Tejas Eye Hospital, Mandvi organized a camp in village Ambapardi (10 km from Mandvi) where Menaben got her eyes examined. Doctors told her that by performing cataract operation on both her eyes; she will be able to recover her eyes sight. Menaben was brought to the hospital in a (40 seater) bus used for transporting patients from rural eye camp to hospital. Both her eyes were operated one after the other. Menaben was prescribed, glasses six weeks after her operation.

As Menaben is able to see with both her eyes, she is happy. Now, she is able to take care of the household activities on her own. She is able to go out for labour work contributing to the family's earning pool.

One of the hospital staff asked "How did she feel now?" Immediately, Menaben showed her hands and said, "My child - See these hands have been burnt several times and the scares are seen even today. As my eye sight has been restored by the treatment of Tejas eye hospital now, neither Rotla nor my hands will get burnt while cooking.

⁸ Rotla are made with Bajra or Jowar flour- It is type of Indian Bread

Compassion in Action: Episode 4

Savitaben Vasavaan a lady aged 35 is from village Pipalwada, (11 km from Mandvi) Taluka, Mandvi District Surat visited Tejas Eye Hospital, Mandvi with her husband Maganbhai. She complained of total vision loss in both her eyes. She was diagnosed having mature cataract in both eyes and was advised surgery as soon as possible.

Being laborers, they were hesitant in undergoing surgery due to the associated cost. A hospital counselor convinced them that her surgery will be done totally free of cost. In addition she would be provided free lodging and boarding, along with medicine and spectacles. After counseling, Savitaben agreed for surgery. Cataract surgery was carried out one by one on both her eyes. Her eye sight was restored completely.

For almost a year, she had remained blind and was neither able to perform household chores nor care for her children. She is now able to take care of household chores and look after the children also. In fact, she has commenced attending to farm for labour work. The family is very happy about these developments. The Couple will now guide other needy (who have eye related problem) people in their villages to Tejas Eye Hospital for treatment and rehabilitation.

Compassion in Action: Episode 5

Ramanbhai Patel of Dedvasan village, (38.7 km from Mandvi) Taluka. Mahuva, Dist. Surat is economically poor. He grows vegetables in a small parcel of land. He supplements his income with farm labour to support a family of four.

Once Ramanbhai lost his temper on his younger son Milan under the influence of alcohol and hit him with the wooden stick. Milan sustained serious injury in his left eye which eventually developed as cataract.

Due to lack of financial resources and proper guidance, they kept on moving from one health care facility to another. The required surgery was delayed for more than a year. A Private hospital gave an estimate of Rs 30,000/- for treatment. This amount was not affordable to Ramanbhai family and hence, he stopped thinking about treatment. After a year, Milan came to Mandvi with his mother Gitaben, by which time, his left eye was damaged significantly. Tejas eye hospital carried several operations on Milan – once cataract removal another anti glaucoma operation and so on.

During the prolonged period of treatment Milan had to stay in the hospital for long periods of time. Impressed by his conduct and attitude the doctors and the staff developed affection and sympathy for



him. His mother helped in the hospital kitchen when Milan was admitted in the hospital. When Gitaben was offered remuneration for her help in the kitchen, she politely declined the same. She was proud that she was getting an opportunity to serve poor. Both Milan and Gitaben felt the warmth and affection in the hospital while they were facing difficulties in life.

Milan had scored 75% marks in 7th standard school examination. But in the 8th standard school examination, due to his injury and related treatment; his performance in the examination was not adequate for promotion to next standard. He took three years to complete 10th Standard and decided to pursue industrial training in electrical trade. He eventually joined the Divyajyoti trust in maintenance department as full time employee. All of his study expenses were supported by Divyajyoti trust.

Compassion in Action: Episode 6

Ghanabhai Valvi (age 88 years), resident of village Khaper (108 km from Mandvi) Taluka. Akkalkuva Nandurbar district of Maharashtra was blind due to matured cataract in his eyes. Ghanabhai visited Khapar camp with his son Ranjitbhai (age 60 years) where he was diagnosed with cataract in both his eyes. He was advised surgery in Mandvi hospital. Because of his old age and anxiety due to surgery, he was reluctant to undergo an operation.

Hospital staff found it difficult to deal with him. He would come out of Operation Theatre several times from the operation table. With the help of an anesthetist the surgery was done under general anesthesia. Next day after removal of the bandage, Ghanabhai could see everything around him. His behavior became normal and Co-operative. The second surgery was routine and did not require any effort in managing his attitudinal problems.

His son Ranjitbhai was diagnosed with cataract, further he was also diabetic. After controlling his sugar level his cataract operation was carried out. During surgeries both father and son stayed in the hospital for a brief time and experienced the warmth and the care of the hospital staff. According to them this hospital is a boon for the poor people in Mandvi area.

The Trust and the Context

Eye Care Scenario (in India) in 2015

In India, about 12 million people are bilaterally blind and another 8 million people are blind in one eye. About 36 million have low vision, requiring regular monitoring and follow-up. Cataract was the most common cause of blindness, accounting for 62.6 percent, followed by uncorrected refractive errors (19.7 percent). The other significant causes for bilateral blindness were glaucoma (5.8 percent) and posterior segment pathology (4.7 percent). While, Cataract is the most common cause of blindness in India, the highest cataract backlog in the world is also in India.

As of 2015, there are 16,000 practicing ophthalmologists in India; of which 8000 are surgically active. 80% of the Ophthalmologists are in cities whereas, 70% of Indian population is rural. Ophthalmologist: Population ratio can range from 1: 50000 to 1:20000 depending on the region. The average number of surgeries performed in a year by an ophthalmologist is 400. The total number of cataract surgeries performed in India (2015) annually is 6.5 million. If the backlog of cataract surgeries in India is to be cleared in next 5 years, this number should be doubled to 700.

Divyajyoti Trust

Divyajyoti trust was established in January 2010 by philanthropic minded individuals—Bharatbhai Shah and Dr. Uday Gajiwala (see Exhibit: 1). Shah was the president for nearly 12 years in Surat at “Manav Seva Sangh”⁹ located in civil hospital Surat with a aim to help poor patients visiting civil hospital for treatment. Dr. Uday was the head of the eye programmes of SEWA rural. He worked for SEWA rural for more than two decades. As a part of SEWA¹⁰ rural he was instrumental in developing comprehensive eye care services. His extensive field work in rural areas gave him first-hand experience in reaching out large patient bases by diagnostic eye camps, satellite OPDs¹¹ under PPP¹² mode. He performed about 6000 surgeries in a year. He provided leadership in community based rehabilitation of visually challenged persons. Nearly 800 incurable patients were rehabilitated and located in seven blocks around Jhagadia¹³ by him. Another 100 blind children benefitted through integrated education activity which he specially designed for them.

The founders inspired by the ideals of Mahatma Gandhi and Swami Vivekananda¹⁴ decided to devote

⁹ Non-Governmental Organization at Surat District

¹⁰ Society for Education Welfare and Action

¹¹ Out patient's department

¹² Public Private Partnership

¹³ Jhagadia is also spelled as Zaghadia, is taluka/town in Bharuch District of Gujarat- Scheduled Areas of Tribal populations

¹⁴ Mahatma Gandhi- Mohandas Karamchand Gandhi was the preeminent leader of the Indian independence movement, worldwide known for his non-violence and compassionate freedom struggle.

Swami Vivekananda- inspiring personality was well known in India and in America during the last decade of the nineteenth century and first decade of the twentieth. He was considered to be major force in the revival of Hinduism in Modern India.



their life towards the service of humanity. They were joined by several like-minded people. The trust commenced a series of activities aimed to help economically weaker tribal community through available manpower and resources. The main objective of the Trust was promotion of health and overall development of the rural community with greater emphasis on poor people without any discrimination due to race, religion or caste. In future, when possible, this can be extended to primary health care, medical relief, hospital services, education, farming and cultivation for the benefits of local tribal people. The general purpose of these initiatives is to promote socio economic welfare and/or upliftment of the communities in rural areas.

The need for ophthalmology care in economically weaker rural tribal community was high in the tribal districts of Gujarat. One of the co-founders being an ophthalmologist and had an extensive field experience in community ophthalmology care. Therefore it was natural that the trust commenced its activities with an eye care, hospital named Tejas Eye Hospital.

In 2015, the Tejas eye hospital has grown to a 100 bedded hospital with a state of art technology in terms of equipments and facilities. 70 % of the total surgeries performed in the Tejas hospital are free of cost. More than 90 % of tribal patients are treated free.

The tertiary level activities of Tejas hospital include cornea, retina, glaucoma and pediatric eye care. Apart, from daily clinical activities training activities for all staff, technicians; clinical support staffs are routinely conducted. Training activities include technical training on comprehensive ophthalmology, vision technicians, ophthalmic nurses, ophthalmologists in medical retina and cornea, optical fitting. The trust also conducts in non-technical training like organizing medical camp and grass root health worker training. The hospital conducts research on Epidemiology and Clinical studies.¹⁵

Patient Profile

Patients coming to this hospital are economically weak and underprivileged. They are settled in an around this area. They largely belong to tribal community. In view of limited resources at their disposal their income generating potential is low. They are employed as daily wage earners. Accordingly they survive on meager income and resources. It is a struggle for them to manage two square meal a day. Given their limited earning potential their spending capacity is also low. Their priorities are food, clothes and shelter. Access to health care limited. Spending on health is their last priority. These communities are influenced by their own traditional habits and orthodox behavior. For their common health related issues they usually go to the traditional healers in their community. The literacy levels in the communities are low. Health care facilities in this region are sparsely located. Mandvi town has one MBBS¹⁶ doctor in Government set up and rest of the practitioners are in private space. There is no major health care facility in Ophthalmology.

¹⁵ *Epidemiology*-The branch of medicine which deals with the incidence, distribution, and possible control of diseases and other factors relating to health. *Clinical studies*-are investigations, in which people volunteer to test new treatments, interventions or tests as a means to prevent, detect, treat or manage various diseases or medical conditions.

¹⁶ *Bachelor of Medicine and Bachelor of Surgery*

Service Area of Trust

Mandvi is situated 60 km away from Surat district. The hospital provides eye care services to about 2 million people in Surat district. It also provides services to additional 2 million people located in Bharuch, Navsari and Tapi¹⁷ districts and tribal areas of Maharashtra which are geographically adjacent to Surat district. There is no dedicated eye care service provider in this area. People residing in this area are economically weak; they are underprivileged and survive on meager resources. Most of them are farmers or landless laborers. The primary health care facilities are sparsely located in this tribal region. (About 100 km) Most often, the tribal population is unable to access healthcare facility due to prohibitively excessive cost of transportation and the opportunity cost in terms of wages during the time taken to travel to nearest health care facility. They usually make tradeoff between access to health care and survival. Needless to emphasize that survival takes precedence.

Kitchen

Trust runs a kitchen which provides free meal to the patients admitted in the hospital and their relatives. It also serves food to the blind children who are housed in the adjacent hostel building. Staff members can avail the boarding facility at a subsidized rate of Rs. 15/- per meal.¹⁸ The patients and their relatives, while they are waiting for examination, treatment or recovery can use the subsidized canteen facility. This facility can provide food to 100 persons at a time.

Medical Stores

The prime motivation to operate the medical and optical store by the trust was to make the hospital a one stop shop for eye care. Medicines sold through the stores are discounted upto- 15 % on MRP. The store also dispenses medicines for diabetic and hypertensive patients.

Optical store provides spectacles at less than half the market price. The hospital also maintains adequate stock of ready glasses at a subsidized rate of Rs 30/-.¹⁹

During eye camps, based on examination, glasses are provided at the campsites. The trust has invested in adequate equipment to ensure tailor made glasses are available within two hours at Rs 200/-²⁰. The purpose of this intervention is to ensure the patients after examination on need basis are given appropriate glasses. They don't have to travel separately to the hospital for this purpose. Indirectly it ensures compliance and reduces the overall logistics cost to the patients.

Laboratory

Majority of pathological tests are done at the in house laboratory. Because the lab is owned and operated by the trust which has no profit motivation the overall cost is almost half compared to any private laboratory. On a need basis, special investigations are referred to reputed laboratories.

The blood sugar level is tested complimentary for all patients above 40 years of age. On an average 10 new diabetic patients are identified by this blood sugar test every month. Hospital is of the opinion that they help these patients by screening them early for diabetic conditions so that they can consult an appropriate physician for medical treatment.

¹⁷ Districts in Gujarat state of India

¹⁸ Conversion to USD dollar is 0.22 \$(rates is 1 \$= 66.71 Indian Rupees)

¹⁹ Conversion to USD dollar is 0.44 \$(rates is 1 \$= 66.71 Indian Rupees)

²⁰ Conversion to USD dollar is 2.99 \$(rates is 1 \$= 66.71 Indian Rupees)



Challenges

Divyajyoti trust by establishing Tejas eye care hospital has demonstrated in a short span of 5 years the power of compassion and dedication to change the living conditions of economically poor rural tribal community. The value proposition of the Divyajyoti trust includes awareness by education, prevention of eye care diseases by screening in eye camps, treatment, rehabilitation on need basis and addressing direct and indirect healthcare needs of the community to enhance their earning potential. And therefore, this intervention has the potential to liberate the relevant population from the vicious cycle of poverty.

The Tejas eye care hospital provides a range of expertise and medical facilities to treat, comprehensively eye ailments reported by community members. To contain cost and motivate the relevant population to access health care (related to eye) the hospital operates a subsidized canteen and its own pathological laboratory. The outreach programmes ensure prevention and monitoring of eye care diseases.

While, the volume, in terms of surgeries and procedures accomplished by Tejas eye care hospital is impressive, it remains as a big challenge as how to ensure access and affordable eye care and other related healthcare facilities (diabetes, hyper tension) to every member of the tribal community in an around district Surat. Multiple options are possible.

- Establish a network of primary eye care centers, distributed across the geographical area with a command and control at Mandvi
- Experiment with mobile eye clinics to take eye care to the door steps of the needy population.
- Leverage the power of Telemedicine in reaching out the relevant needy population.

While, Mandvi region address the health care needs of the tribal community in Surat district, the tribal community in India is spread across various states (Exhibit:5) What innovative operating model would ensure affordable healthcare to the tribal community in India ?

As of 2015, the trust has been able to generate just adequate revenue to meet its expenses. The trust recognizes the limitation of cost reduction and resource productivity. Resource mobilization is mostly by donations both at individual and at institutional level. What should be the effort of the trust to generate additional donations to support its operation?

Given that the hospital has presence in all sub segments of Ophthalmology, is it worthwhile to create a facility perhaps in Surat which will provide a complete range of eye care services at an affordable price. Can the surplus from this facility be used to leverage the impact of the trust activities?

The Trust is well positioned to conduct community based research programs. How this can be leveraged to network with other funding agencies, NGO's, Medical universities in India and abroad and specialists? Should the trust focus on training manpower at various levels from technicians, para-medical and medical professionals?

Is it possible for the trust to manage two different aspects 1. A community oriented patient centric (economically poor rural tribal community) hospital 2. Cutting edge Ophthalmology clinical and research centre located in an urban area not far from Mandvi. What are the contradictions and how to manage them? What are the potential synergies and how to take advantage of them?

The uniqueness of the trust activities is rehabilitation of visually challenged population. How to integrate this in the overall context of the trust activities? Also what should be done to scale up the rehabilitation activities?

Is the Trust drifting away from its core purpose by doing large spectrum of activities? Should they fund the education of a patient? Is it worthwhile for the trust to design and implement a green building? Should the trust and the hospital do screening test for diabetes and hyper tension or should they focus only on eye care related activities?

Conclusion

The real purpose of the trust was accomplished to a considerable level, by providing dignity of life and economic independence, to the underprivileged tribal rural community, by the means of eye care. However, for Dr. Uday there are miles to go further in scaling up his trust activities. As of year 2016 his trust activities are by and large related to eye care needs in the tribal area surrounding Mandvi. His immediate action may comprise of adding other healthcare facilities in his hospital. Development in other health care facilities can add feather; to Divyajyoti Trust's core mission, as health care is the necessary condition to move towards economic independence of underserved tribal community.

Along with healthcare facilities providing reasonable literacy to these tribal communities for keeping themselves healthy and employable is the next level of service which Divyajyoti trust can target. At tertiary level trust can sharpen the skill-sets of the tribal community and create opportunity for them to be employed in the micro enterprises functioning in the relevant tribal area.

Thus, at the evolved stage of functioning Divyajyoti Trust should thrive for a mission where tribal communities are, reasonably literate, adequately healthy and sensibly employed in same area.

Dr. Uday was clear in his mind that the trust should bring smile on the faces of economically poor rural tribal population. Providing access to healthcare free of cost is only a beginning. Every attempt should be made to improve the economic conditions of the underprivileged and hence, the quality of their life. According to him the trust should be guided by this cardinal principle in selecting its portfolio of activities.



EXHIBIT - 1 : PROFILE OF UDAY GAJIWALA

Education:

Master Degree in Ophthalmology from Gujarat University, 1991.

Work Experience:

Dr.Uday headed the Ophthalmology health care programmes of SEWA Rural for about 20 years. He was instrumental in developing comprehensive eye care services.

Co-Founder:

Divyajyoti trust and ophthalmic mission trust, District: Dahod, Gujarat.

Technical Advisor:

Vision foundation of India and Trust operated eye hospital, District: Valsad (Gujarat)

Expertise:

Dr. Gajiwala is considered to be an expert in infection control practices. He has authored and co-authored several manuals and guidelines. He has published several publications in national journals and articles in international medical journals.

Awards

- Recipient of -“Sivananda Ratna” from Gujarat DivyaJivan Sangh, Sivananda Ashram, Ahmedabad in 2006,
- “Vision Award by Vision 2020: Right to Sight India programme at Udaipur on the occasion of World Sight Day celebration October 2010,
- “Vocational excellence” award by Rotary club of Ahmedabad in 2011,
- Dr. G. Venkatswamy memorial award by Community Ophthalmology Society of India, Delhi 2015.

Membership and Affiliations:

- Member of All India Ophthalmological Society, Delhi Ophthalmic Society, Indian Medical Association
- BJ Medical College Alumni Association, Hospital Infection Society of India and International member – American Academy of Ophthalmology.
- Institutional member of the Vision 2020 India forum on behalf of Divyajyoti Trust.
- Editorial board member of Community Eye Health Journal.
- President – Vision 2020 Gujarat Chapter and President, Indian Medical Association, Mandvi chapter.

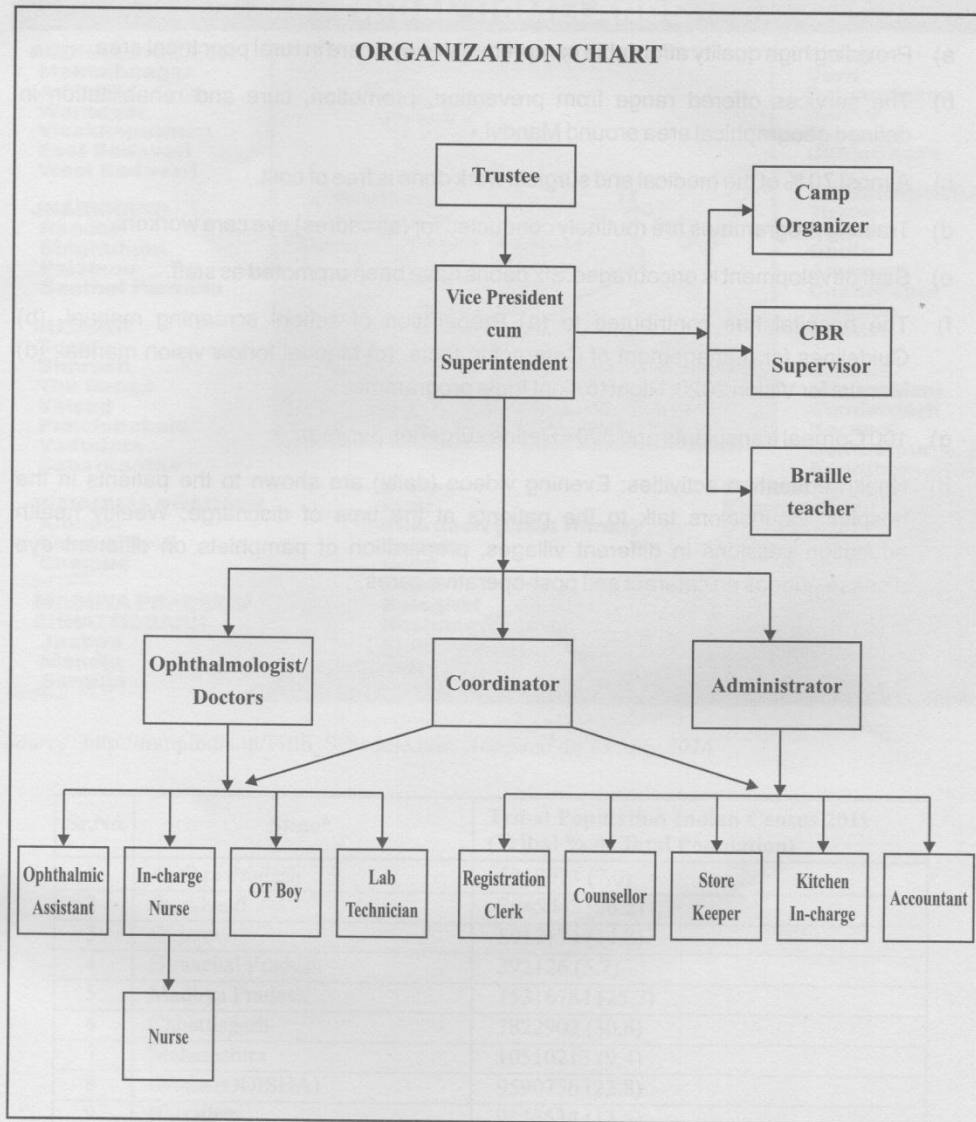
Source: Trust documents

EXHIBIT - 2 : EVOLUTION OF DIVYAJYOTI TRUST TIME LINE

March 2009	Decision to set up a trust in rural tribal area of Surat district.
June 2009	Draft Memorandum for commencement of trust was prepared and submitted to Assistant Charity Commissioner, Surat.
June 2009	Search for appropriate land to house trust activities commenced. In view of prohibitive cost of land, the trust commenced its activities in an unused diamond factory building.
January 2010	Draft memorandum was approved after several rounds of clarifications.
March 2010	Income tax exemption for the trust was secured
April 2010	The fund raising activity of the trust was launched.
October 2010	Share and Care Foundation, USA indicated a support of \$ 300,000 to the trust. An application was made for one time permission under Foreign Contribution Regulation Act (FCRA)
October 2010	The renovation of the factory building was completed in about 9 months with the financial support from local donors.
November 2010	Nurses and Ophthalmic assistants were recruited and sent to SEWA rural, Jhagadia, District Bharuch for a six months on job training
March & April 2011	Hospital support staff was recruited.
May 2011	Tejas eye care hospital under Divyajyoti Trust was inaugurated on 22nd May 2011
June 2011	Surgical work performed in Tejas eye care hospital
November 2012	Application for funding under FCRA was approved.
January 2013	Registration under Human Organ Transplant Act received
June 2013	Started Boarding and Lodging facilities for the blind children (Initial Strength 14 students)
March 2014	Installed solar power plant
July 2014	Announced a one year cornea fellowship for Ophthalmologist
January 2015	Started Community Based Rehabilitation programme for incurably blind persons in Umarpada and Mangrol
June 2015	Inauguration of training centre building
November 2015	Received platinum category award of green building from Indian Green Building Council

Source: Trust documents

EXHIBIT - 3 : ORGANIZATION STRUCTURE DIVYAJYOTI TRUST



Source: Trust documents

EXHIBIT - 4 : ACCOMPLISHMENTS OF DIVYAJYOTI TRUST

- a) Providing high quality affordable comprehensive eye care in rural poor tribal area.
- b) The services offered range from prevention, promotion, cure and rehabilitation in defined geographical area around Mandvi.
- c) Almost 70 % of the medical and surgical work done is free of cost.
- d) Training programmes are routinely conducted for (all cadres) eye care workers.
- e) Staff development is encouraged. Six peons have been promoted as staff.
- f) The hospital has contributed to (a) Preparation of school screening manual, (b) Guidelines for management of Cataract in India, (c) Manual for low vision manual, (d) Manual for Vision 2020: Right to sight India programme.
- g) 100 Corneal transplants and 500+ Retina surgeries per year.
- h) Health education activities: Evening videos (daily) are shown to the patients in the hospital; Counselors talk to the patients at the time of discharge, Weekly health education sessions in different villages, preparation of pamphlets on different eye disease, Videos on cataract and post-operative cares.

Source: Trust documents



EXHIBIT - 5 : TRIBAL DISTRICTS IN INDIA



Source: http://mmpindia.in/Fifth_Schedule.htm, Accessed on 15 May 2016.

Sr.No.	State*	Tribal Population Indian Census 2011 (Tribal % of Total Population)
1	Andhra Pradesh	5918073 (7.0)
2	Jharkhand	8645042 (26.2)
3	Gujarat	8917174 (14.8)
4	Himachal Pradesh	392126 (5.7)
5	Madhya Pradesh	15316784 (25.7)
6	Chhattisgarh	7822902 (30.6)
7	Maharashtra	10510213 (9.4)
8	Orissa (ODISHA)	9590756 (22.8)
9	Rajasthan	9238534 (13.5)

*The Fifth Schedule of Indian Constitution covers Tribal areas in 9 states of India namely Andhra Pradesh, Jharkhand, Gujarat, Himachal Pradesh, Maharashtra, Madhya Pradesh, Chhattisgarh, Orissa and Rajasthan. The North Eastern states such as Assam, Meghalaya, Tripura and Mizoram are covered by the Sixth Schedule and not included in the Fifth schedule.

Source: <http://tribal.nic.in/content/staterisetalpopolationpercentageinindiascheduletribes.aspx>, Accessed on 15 May, 2016.

EXHIBIT - 6 : TRIBAL HOMELANDS IN GUJARAT



[*The Shaded portion in the Map shows Tribal population in Gujarat]

Taluka	Total population	Tribal population	% of tribal of total	Literate population	% of literate of total
Mandvi	185,911	140,800	75.74	94,987	51.09
Umarpada	68,288	65,867	96.45	29,231	42.81
Mangrol	171,524	90,370	52.69	95,322	55.57
Kamrej	172,295	64,563	37.47	93,603	54.33
Bardoli	210,789	99,213	47.07	121,062	57.43
Valod	87,127	64,112	73.58	48,313	55.45
Palsana	118,887	45,131	37.96	68,813	57.88
Olpad	185,844	47,276	25.44	118,020	63.50
Chorasi	585,733	54,881	10	407,445	70
Mahuva	142,434	112,655	79.09	86,918	61.02
Total	1,928,832	416,481	21.59	1,163,714	60.33

Source: censusgujarat.gov.in/downloads/pca2011/Gujarat_STM_Format%2015.pdf, accessed on 17 May'2016.



EXHIBIT - 7 : GREEN BUILDING INITIATIVES

The “Netrajyoti” building constructed in 2015 was awarded platinum category certificate by Indian Green Building Council. This is a rare accomplishment by a hospital. The representative details of this building are given below. The trustees are proud about these initiatives and they believe this is a manifestation of their thought process in harmonizing humanitarian work and environment

Design	Solar Passive design Saves 4-5% of building Energy	Atrium allows hot air to escape.
	Direction of the entry allows light and air to move freely	No need for artificial light and ventilation during day time
	Sprinklers are installed in the atrium	Brings the temperature down and reduces the requirement for cooling
Construction material	All second hand teak wood used	No fresh felling of trees
Energy	Division of distributed load	Reduces 3-5 % of transmission loss
	All motors are sensor driven	Automatic cut off prevents wastage of water and saves energy
	Energy meters are installed to keep a check on usage	Will ultimately help reduce the wastage of energy
Water	Water conservation	Low flow faucets reduce 10% of water demand
	Allowable usage of water as per World Health Organization guidelines is 135 Liters per person per day.	At, Divyajyoti trust hospital water consumption is 70 liters per person per day.
Cooking	Biogas from waste	Saves 30-35% of LPG usage

Source: Trust documents

**EXHIBIT - 8 : INCOME AND EXPENDITURE STATEMENT OF
DIVYAJYOTI TRUST 2014-2015**

INCOME	INR	%	EXPENDITURE	INR	%
Institutional Donation	75,89,487	27.1	Hospitals	1,26,11,330	45
Individual Donation	35,23,691	12.5	Camp	20,45,837	7.3
Consultancy	8,40,000	3	Training & Research	16,81,510	6
DBCS & Tribal Subplan	30,80,000	11	CBR & Blind Hostel	21,29,913	7.6
RSBY	9,80,000	3.5	Medicine & Optical Shop	93,04,359	33.2
OPD & Indoor	57,96,000	20.7	Staff Welfare	2,52,226	0.9
Medicine & Optical Shop	62,16,000	22.2			
Total	2,80,25,178	100	Total	2,80,25,178	100

Abbreviations-

DBCS - District Blindness Control Society

RSBY - Rashtriya Swasthya Bima Yojana (RSBY, literally "National Health Insurance Programme", is a government-run health insurance scheme for the Indian poor.

OPD - Out door Patients Department

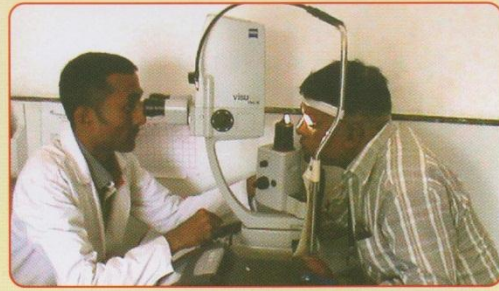
CBR - Community Based Rehabilitation

Source: Trust documents





Dr. Sheetal in action



Dr. Rohan in action



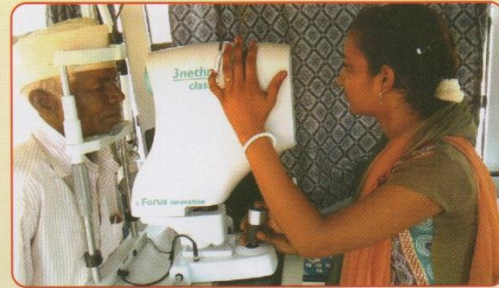
Training centre



Dr. Anfal from France being given certificate



**Blind children of our
Vivekanand Pragnyachakshu bhavan**



**Door to door fundus photography
- Umarpada & Mangrol CBR project**



Diagnostic eye camp activity



Platinum category award green building

There are seven sins in the world

- Wealth without-work
- Pleasure without conscience
- Knowledge without character
- Commerce without morality
- Science without humanity
- Worship without sacrifice
- Politics without principle

- Mahatma Gandhiji

Blessed are they
Whose bodies get destroyed
In the service of others.

- Swami Vivekananda



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